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## Guiding Human Misfits



# GUIDING HUMAN MISFITS

A Practical Application of  
Individual Psychology

by

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To  
the memory of  
my Father  
ALFRED ADLER





## Introduction

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Many people will find pleasure and benefit in reading this book by Dr. Alexandra Adler, which is based on many years' study and experience in psychotherapy. In it she sets forth valuable principles and practical points for those who are in close contact with personalities at odds with reality. Dr. Adler takes pains to state the facts and cases simply, without complicated hypotheses; in spite of her direct approach the book has not suffered in scientific value.

In these days of intensive formal tests, laboratories, and courses in objective psychology, it is easy to overlook the importance of unconscious motivation. Scholastic studies may fail to show the relation of man to society, which is just as important now as it has always been. Those who wish to treat neuroses as living entities must have a conception of the patient's individual viewpoint if therapy is to be effective. The specific question to be answered by all who study neuroses inten-

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sively is, What is the fundamental conflict in personality? For Alfred Adler, the founder of individual psychology, it is the individual's concern with his shortcomings. These may be actual inferiorities in the body structure or may exist only as ideas in the patient's mind. Alfred Adler has analysed at length the different methods of attempting to reach the particular goal which spells success to the individual. He stresses the belief that a man's life is determined largely by his efforts to compensate or overcompensate for his handicaps in the spheres of work, society, and love. Alfred Adler has united more firmly the concept of the 'unconscious' with biological realities through his psychology.

In this book Dr. Alexandra Adler has followed the principles laid down by her father in the light of her own clinical experience. Again and again she emphasizes the manner in which the early formative years of childhood set the pattern of later life. The treatment of neuroses in childhood is well described. On general principles, it is better to be a lighthouse than to be a lifeboat, and educators and parents may read and reread this portion of the book with profit. Dr. Alexandra Adler's statements, founded on wide experience, are rich in meaning and expressed in terms that are comprehensible to the layman. There are no figures, statistics, and norms, only case histories and con-

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cise formulations derived from long contact with human nature. One chapter is devoted to the much-neglected subject of the psychology of criminals, who may also be regarded as mentally sick people, in conflict with reality.

If one is asked to recommend a book for practitioners of medicine, students, and educators, one would do well to name this one by Dr. Alexandra Adler as a contribution to a better understanding of human nature.

MERRILL MOORE, M.D.

*Boston, Massachusetts*

*May, 1938*



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The typewritten copy and the proofs have been read by Dr. Marianna Taylor of the Massachusetts General Hospital, Boston. The author is deeply grateful for her kind helpfulness and for all she has done to improve the book.

I feel fortunate to have had the very efficient co-operation of Miss Villa T. West, psychiatric social worker of the Boston City Hospital, in the follow-up work on some patients, and I wish to express my thanks to her. Such a type of co-operation on the part of a well-trained psychiatric social worker is of great value. In some cases it may

## ACKNOWLEDGMENTS

prove to be even the essential factor in treatment as well as in the final readjustment of the patient to society.

ALEXANDRA ADLER, M.D.

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*May, 1938*

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# I

## Principles of Individual Psychology

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Individual Psychology deals with the way in which mentally normal and abnormal people feel and think. The term 'individual psychology' is of significance. It means that the mere observation of psychological phenomena does not help one to understand a person unless one knows what these phenomena denote in that particular individual. The most primitive psychological experiences have different implications for different people. If three persons leave a house on a cold day, one of them may remark: 'It is awfully cold'; the second: 'How stimulating'; and the third: 'Gorgeous!' Also more complex psychological phenomena, for instance charitableness, means a different thing to every person. One may really have a warm interest in his fellows and desire to

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relieve them of their burdens. Another resorts to charitable activities in order to relieve a bad conscience. Still a third may be charitable in order to show how much better or wealthier he is than others. It is only when we are able to understand psychological manifestations in connection with a particular individual that these observations enrich our understanding of personality.

In dealing with mentally abnormal cases, individual psychology particularly concerns itself with difficulties in 'problem children', and with neuroses, including problems of suicide, drunkenness, drug addiction, sexual perversion, and lastly delinquency.

A neurosis is generally defined as a mental disturbance, the origin of which is psychogenic. This concept, commonly accepted now, has not always been held. During the Middle Ages the cause of a neurosis, particularly of hysteria, was as a rule believed to be a supernatural one. Thousands who were suffering from hysteria were burned to death because they were believed to be dominated by demons. Only at the end of the last century Charcot and Janet discovered that the various neuroses are expressions of mental abnormality.

Since the beginning of the twentieth century three men have been most influential in the understanding and treatment of neuroses: Freud, Adler, and Jung. The following considerations are based

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upon the principles which were developed 'by Alfred Adler.

The theory of individual psychology was formulated by Alfred Adler<sup>1</sup> in 1907 in his book entitled *Studie über Minderwertigkeit von Organen*. He demonstrated that organic inferiority may play a conspicuous role in the development of one's life. Persons react in different ways to their particular organ inferiority. Some suffer a great deal from their handicap and harbour a constant feeling that because of this they are not able to measure up to the average demands of life. They believe that their fate is sealed. We see this in those left-handed children who never acquire a legible handwriting and remain awkward and unskilful during their whole life. A similar mechanism may be seen in other types of organ inferiority, as for instance in persons with defective eyesight, hearing, and locomotion, those with flat feet, those of extremely short stature, etc.

We say that a person is suffering from an 'inferiority complex' when he reacts fatalistically to a crippling situation, real or fancied, without attempting to correct or improve it. This should not be confused with the 'feeling of inferiority' which is present in everyone in certain situations, particularly in every child—a feeling which nor-

<sup>1</sup> Adler, Alfred, *Studie über Minderwertigkeit von Organen*, J. F. Bergmann, Munich, 1927.

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mally incites an individual to achieve future successful development. Also persons having a definite organic inferiority may be thus greatly stimulated by their handicap, and in fighting to overcome the difficulty they frequently develop beyond the average, because they strive harder than do others. We read in one of Beethoven's letters, written when his progressive deafness had reached an extreme degree, 'I am determined to fight my fate'; and he recaptured the world, denied to him, in one of his wonderful symphonies, 'The Pastoral', in which we hear the birds singing and the clap of thunder in a storm. There are numerous examples of definitely left-handed painters and sculptors and of musicians suffering from diseases of the ear, as well as examples of champion sprinters who are very short, orators who had been stammerers, etc. In these individuals one can trace the process of compensation and of overcompensation to their initial handicap, leading to a successful solution of their problems.

Every individual must face three important issues in his life: his adjustment to society, the problem of a profession, and that of love.

Human beings, as compared with other animals, are weak creatures and could not survive on earth without the aid of their fellow men. We find, whenever history can be traced, that men have always

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lived together in groups. We see everywhere the fundamental need for close relationship both for development and for survival. Many abilities are grounded in this need. For instance, it is hardly conceivable that speech would have developed had there not been a manifest urge to communicate with one another in the most effective way possible. A person who does not feel this need may be expected to fail in his given field. We find those who, as soon as they meet others, are unable to speak, become confused, blush, and feel as though their minds had gone blank. These persons are also unable to cope with other problems of social life and show a lack of interest in the welfare of others. The cause for this maladjustment is different in each case. An interesting fact can be observed in children who are overcared for and whose mothers and nurses can read all their wishes from their eyes. In such children speech is apt to develop very late, sometimes not until they are four or five years old, and because of this they may erroneously be looked upon as feeble-minded.

Everyone is faced with the problem of determining how to be useful to society. This manifests itself as a rule very early, when children begin seriously to declare their intention of becoming lorry drivers, policemen, firemen, etc. If a youngster at thirteen or fourteen is still indifferent as to his future vocation, it may be a sign of

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danger. It shows that he is still taking for granted that others must be of use to him without his giving anything in return.

From the way in which a person deals with love and sexual problems one can understand much about his character. A real solution presupposes taking into account the needs of two persons and not of one alone. People who are accustomed to think only of themselves in their approach to sexual questions not only tend to injure their partners but are usually headed towards neurotic manifestations and sexual perversions.

In order to understand a person's behaviour one must know his goal, his craving. This is illustrated by the following example: if one sees a man on a cold winter day out in the open in a bathing suit he might naturally think this man crazy, but on learning that his aim is to go swimming in the river one understands his odd behaviour. No one with this purpose in mind could behave differently. Wanting to swim at this time may be unreasonable, but given this goal, his actions are intelligent. Mere observation of the behaviour of neurotic persons is not conducive to understanding unless one knows the purpose behind the actions.

Certain behaviour-patterns are typical in neurotics. One of them is known as the hesitating attitude found in persons who are always prone to

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postpone their duties, pointing out obstacles which they say hinder them. This is common particularly in neurasthenia, a condition in which the patient feels too weak or too nervous to concentrate, or to start his work. He may feel unable to get up in the morning, but often in the evening when there is no work to be done he feels well and stimulated. Similar observations often can be made in stammerers. They frequently have the habit of postponing any decision, 'stammering' not only in speech but in other activities. Postponing a decision means for them avoiding a defeat, a desirable safeguard for poor losers.

Other neurotics narrow their paths of approach to life, ruling out certain parts. One finds this type sometimes in scientists who are interested in only one phase of human activity, their profession. They often dress in a queer manner, blush whenever they meet the opposite sex, and are only interested, for instance, in a certain bone of a fossil. These persons may be able to do outstanding work in their particular field. Their lack of training for other spheres of life will show up, however, when they are forced by circumstances to leave their protected situations, as, for instance, when they lose their position. Also the death of parents or the necessity of making a decision about marriage may bring about a 'nervous breakdown'.



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Similar narrowing attitudes can be found in certain cases of sexual perversion which prevent individuals from having children or from caring for a partner.

Other neurotics behave as though they were always making a detour around the actual demands of life. They are for ever on a self-imposed battlefield acting 'as if' they were doing something, but in reality are only wasting their time. This happens in certain cases of compulsion neurosis in which the patients are building up more and more obstacles which prevent them from productive activity. In some neuroses the purpose of the symptom is evident even to many people not trained in psychopathology. This is the case in many hysterias, particularly in the 'shell shock' experienced by soldiers who are unprepared and unwilling to continue to endure the horrors of battle.

In most of the other neuroses the patient's goal is not so evident and can be determined only by studying the personality as a unit. The summation of his manifestations building up this unity forms his 'style of life'. This can be compared to what we call the style of a musician. An expert in music who hears a few measures can often distinguish the composer. In the same way all manifestations of a personality fit into a unit.

The neurotic style represents a 'yes-but' manner

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of approach. Because of their logic neurotics say 'yes' to the various tasks which confront them and in saying 'but' they stress all the obstacles preventing them from going ahead. Thus they build up symptom after symptom, behind which they hide and which they use as a screen in order to be kept back from the firing line of life.

In all neurotics we can find a more or less manifest lack of social feeling. This social feeling evolves under normal conditions in early childhood and is progressively developed by contact with the realities of life. An example of this was reported recently in a newspaper: a five-year-old boy was alone at home with his two brothers, one four months old and the other three years old. When a fire broke out this lad took his baby brother in his arms, grabbed his other brother and strolled out of the smoke-filled house. Afterwards, when questioned, he said with a grin that his mother had entrusted to him his younger brothers. In contrast to such adequate behaviour we often see in early childhood a lack of social feeling. It is particularly important that one determine its cause if possible at once, for the earlier in life one discovers maladjustment the better one can help by means of education.

## II

### Childhood as a Preparation for Later Life

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It is a debatable question how great respective parts heredity and environment play in the character development of children. Modern psychologists of different schools have been blamed either for attributing everything to environmental factors or for stressing chiefly heredity; individual psychology attempts to arrive at the truth by taking into account both environment and heredity. It observes the type of individual response to a given organic handicap, which varies according to one's relative degree of adjustment. From the practical point of view of education the type of *response* given to somatic ailments is of primary importance, since this is open to modification, whereas constitutional factors are not.

Three types of children are most likely to de-

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velop into neurotics: those who are pampered, those who are disliked, and those who have an organic inferiority. The pampered children constitute the largest group. Sometimes it is difficult to determine who has spoiled the child. Frequently grandparents are over-indulgent. This can be easily understood because to-day old people may find themselves in an unenviable position, more or less superfluous. This may cause them to seek a place of first importance in the hearts of their grandchildren. Such a child feels the world is revolving around him. He has only to wish and everything will come true. He will get without giving in return. Trouble may ensue when he loses this favoured situation as, for instance, when a second child is born. At this time the child will fight to maintain his former status, not having been taught to share with others. Frequently he may start to wet the bed in order to hold his mother's attention not only during the day but also at night, making his mother get up many times in an endeavour to prevent the bed-wetting.

Schools may also pander too much to a child. This happened to one girl in an elementary school, which she attended between the ages of six and ten. Most of the other children in this school had a poor background and, as is unfortunately often the case, these were somewhat retarded in com-

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parison with those from families of higher intellectual levels. It was easy for her to be at the head of her class. She was again and again told how intelligent she was. Whenever she did not know the answer to a question, the teacher excused her failure, telling her that she probably did not feel well, perhaps she had a headache, etc. Later she entered a college preparatory school of high standing. After a few months reports of her work indicated that she was failing in arithmetic. The teacher told her one day that she would not pass into the next class. The girl was very much impressed and was sure the teacher's prophecy would come true. At this time she explained her plight to her father. To her surprise her father asked: 'Why do you believe the teacher knows what you are going to do? You apparently believe that everything will go along as it did in the previous school without any effort on your part. But nothing on earth can turn out right by itself. You do not really think that you are unable to accomplish those trifles which others can if you but try!' This changed her whole attitude in regard to the matter and she started to review her work eagerly. After two weeks she made the highest marks in the class in arithmetic and never had any further difficulties in school again. Afterwards the surprised teacher told her that if she had not threatened her she certainly would have failed.

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As happens frequently in similar situations, the teacher did not realize that only by discounting her prophecy and really in spite of it had the girl succeeded.

A new and challenging situation is not likely to be well met by the pampered child, for he requires continued protection and security. At any time, life may demand adjustments which he is unable to make.

Sad is that chapter which deals with unloved children. A comparatively large number of these are illegitimate. They never have experienced the close companionship of parents, and particularly miss that of a mother. This lack shows itself frequently in an inability to establish satisfactory social relationships later. They grow up as though in an enemy's country, always afraid of being neglected and therefore constantly fighting, regardless of the effect on others. This leads to a criminal career in some cases. We know that many other factors, particularly pampering, may also produce criminal tendencies.

One of the best-known examples of over-compensation in reaction to an organic inferiority is exemplified by Helen Keller, who, under the encouraging guidance of her teachers, succeeded in doing outstanding work. In contrast to this we often find unfortunate reactions to physical handicap, for example, in some cases of hunchbacks.

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Oftentimes they are treated unfairly and ridiculed by other children. They frequently become suspicious in later life, constantly looking for slights and unkindness.

The early life of a genius is naturally of great interest to educators. Statistics show that great talent may develop in persons having physical handicaps as well as in those of perfect physical development. But in all of them one can trace intensive early training. Some, thanks to fighting great difficulties, develop brilliantly, despite adverse prediction. As an example the following is quoted from *Edison: His Life, His Work, His Genius*,<sup>1</sup> p. 42: 'His term in the white school house at Port Huron was brief. The teacher told an inspector in his hearing that he was "addled" and not worth keeping longer in school. The boy's feelings were so hurt that he burst into tears on reaching home and poured his woes into his mother's ears. . . . "Then I found out what a good thing a mother was. She took me back to the school and angrily told the teacher that he did not know what he was talking about. She was the most enthusiastic champion a boy ever had, and I determined right then that I would be worthy of her, and show her that her confidence

<sup>1</sup> *Edison: His Life, His Work, His Genius*, by William Adams Simonds. Copyright 1934. Used by special permission of the publishers, The Bobbs-Merrill Company.

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had not been misplaced." Nancy Elliott Edison took over the instruction of the boy.

"A few of us boys were playing in front of the house one day", one of them<sup>1</sup> later recalled, "with Al (Edison) in our midst, when a lady appeared on the porch, a nice, friendly looking one. . . . She called out in a pleasant voice: 'Thomas Alva, come in now for your lessons.' The boy obeyed without a word, . . . " By his tenth birthday he had read such works as Gibbon's *Decline and Fall of the Roman Empire*, Hume's *History of England*, Sear's *History of the World*, Burton's *Anatomy of Melancholy*, and the *Dictionary of Sciences*. He performed the experiments in Parker's book as far as he was able.'

It is said that a genius oftentimes rises very early in the morning. This is one more evidence of his eagerness to work hard and long. The intuitions of a genius cannot be considered as due to sudden supernatural inspiration. They are the result of the accumulation of long and arduous training. His ideas always pertain to his special field of work. For instance, Archimedes, the great mathematician, who one day suddenly jumped out of his bath tub and ran naked through the streets shouting that he had just discovered the

<sup>1</sup> John F. Talbot, later editor of the *Port Huron Commercial*.



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law of floating bodies, could not have been expected suddenly to discover an equally important law concerning aesthetics.

If one considers heredity as the most important factor in the building of character, one must think that children in the same family will be alike. But, as is known, siblings differ psychologically to a great extent. Individual psychology has pointed out different typical situations which are bound to make certain impressions upon the developing child. They pertain to the position of the child in the family. It should be emphasized also that the reaction of each child to these situations differs greatly. But he must always respond in some way. Certain trends can be considered fundamental.

✓The second born in a family very frequently acts as if he were under constant pressure, finding it the most successful way to outdo his older brother or sister, who presents a constant challenge to him. Very frequently the second child fights violently for equality with others. This means that he is anxious not to be slighted. He resents authority, an attitude which can often be observed throughout his whole life. Also he frequently learns to read or write much more quickly and better than the older one whose example stimulates him. All these patterns may stand him in good stead provided he directs his ambition into the right chan-

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nels. But often an effort to adapt his environment to himself persists and he clings rigidly to his early conception of success. This may cause much social friction.

The oldest child has to live up to the assumption that he is the most clever and often is made to take responsibility for the others. This he sometimes feels to be a burden which he is unable to carry, particularly if he is threatened by an overactive younger sibling. Such a situation may result in the eldest's giving up, and he may try to escape taking any responsibility. This is illustrated in the case taken up in a later chapter: an oldest boy, with many brothers and sisters, who is the only one in the family with a criminal record. On the other hand, the eldest may grow up with the idea that the younger ones must obey him. So long as he limits this practice to his own family, he frequently gets along well. But in his dealings with other people in later life he may overrate his influence and force.

The youngest child always has evoked people's interest, as seen in the Bible and in fairy tales. One of the best examples of this is the story of Hop o' my Thumb, who put on seven-league boots and with more speed and cunning than all his brothers, reached the giant and killed him. The youngest very often behaves as if he were cast from a different mould. In an academic family

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where all the older brothers and sisters obtain college degrees the youngest may become a dancer or an actor. He frequently earns his living earlier than all the others. This attitude is the result of a desire not to be left behind, which would be the case if the youngest developed at the same pace as all those who preceded him. However, being the youngest often impresses a child in such a way that he attaches himself to his mother, who is ready to pamper him. Every family constellation presents a concrete problem. Whether a boy is followed by a boy or a girl alters the situation. Girls for a time develop more quickly than do boys, and therefore a sister may dominate her older brother.

Much study has been given to the development of twins. It is known that twins who look alike almost invariably are inseparable and on the best of terms. Being treated by their parents and by others as a rule in the same way they realize that what is good for one is good for the other. Therefore they will not fight with each other. We know that in every-day life a feeling of benevolence towards one's fellow men will always give a satisfactory basis for friendship and comradeship. Yet unfortunately twins often consider themselves as but halves unless they are together. Many of them feel inadequate when thrown upon their own resources.

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In all these considerations one should remember that rigid rules cannot be applied in any instance. Each child responds individually to specific situations.

### III

## Neuroses in Childhood

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The study of neuroses of children gives a great deal of information which helps one to understand certain neurotic mechanisms in early and also in later life. Sometimes one can trace the evolution of the neurosis. Frequently, as is seen in the following case, children show neurotic symptoms which have the *same* structure as those occurring in adults. They have become overpowered by their symptoms and feel unable to control them any longer. This happens in certain compulsion neuroses of early life. Children often show a tendency however to *play* with ideas resembling compulsions, as if they were first trying out the value of the symptom and the impression which it exerts upon the environment. We sometimes observe children consciously deceiving their parents. For instance, they may pretend to be terribly

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afraid of crossing a street unless led by the hand, yet later confess laughingly and even demonstrate that they could cross the street just as well without any help. Other children, who have claimed to be afraid of getting down from a high place, after having been talked to for a time and offered assistance may refuse aid with a smile and get down by themselves. Hundreds of such examples may be found. Such ways of getting sympathy seem to appeal greatly to certain types of children and are retained in their memory. Under unfavourable circumstances these dramatic rehearsals may be used for the development of neurotic symptoms. Their meaning becomes more and more separated from the understanding of the individual and is buried in the 'unconscious'. We should not forget that during the whole of childhood different activities are being tried out and those that are considered by the child to be valuable and effective are retained and developed.

The specific neurotic symptom will always be effective because it is the result of an intelligent choice on the part of the patient. This explains why the most impressive neurotic symptoms, such as severe compulsive actions, are found as a rule under circumstances in which a competitor is present. Typically one finds that in families of patients suffering from severe compulsions another member, usually mother or father, is manifestly a

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neurotic who stresses and complains continuously that he or she is so nervous as to deserve the consideration and care given to the patient. This situation helps us to understand why, if a parent or other close relative is neurotic or psychotic, his children, provided they develop a neurosis, produce symptoms which are usually more impressive and therefore 'more severe' than the ones possessed by the relatives.

These mechanisms are demonstrated in the neurosis of a young boy.<sup>1</sup>

*The patient was the eight-year-old son of an engineer. He was in the fourth standard and had a sister three years younger than himself.*

*The father's brother suffered from schizophrenia and lived with the family during the first years of the patient's life. This uncle frightened the boy by his aggressiveness. One day, when the boy was four years old, his uncle suddenly beat him almost to the point of unconsciousness and inflicted several bleeding wounds. It was only then that the schizophrenic was separated from the child, who vividly remembers this affair.*

In the offspring of psychotic individuals one finds relatively more psychotics or neurotics than in a family of mentally healthy people. Still our knowledge and understanding of this fact has not advanced very much beyond theory. Even if we

<sup>1</sup> Here and in the following pages case histories are given in italic letters.

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assume that some inherited physical condition may be the cause of a mental disturbance in the next generation, we have no knowledge of what it is. Under these circumstances it may just as well be that some individuals react to a given inherited organic inferiority with a psychosis. It may be the asthenic build found typically in schizophrenics or the extreme pyknic build typical of manic-depressive psychoses. On the other hand, it goes without saying that having a member of one's family suffering from a psychosis or a severe neurosis makes the situation more difficult. Under all these conditions there is one fact always present: if a psychosis occurs in a family, parents always fear that their offspring may also become psychotic. This was so in the case of our patient.

*The boy was constantly and closely watched to see whether or not he too would develop any signs of schizophrenia. For that reason the mother became very much upset when her son, a few days before the birth of her second child, called her to his bed and begged her to remain in his room throughout the night because he was afraid that the flowers on the wall were moving.*

We can assume that the boy had felt neglected because of his mother's preoccupation with the approaching birth of another child. It is often observed in other cases that difficulties in children may develop not only after but also shortly before the arrival of a second child. In any case, it shows



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the reaction of a child who is afraid of losing his mother's undivided attention. We can expect other difficulties to develop after the birth of this boy's sister.

*The parents told me that the boy was very fond of his sister and he liked to play with her. Still, there was something unconvincing in this love. He was kind to her only so long as he played with her alone. As soon as she had other friends around her he became very jealous, developed temper tantrums, fought with the other children, and usually left his sister.*

So we see that he liked his sister just so long as he could consider her his own property, belonging only to him, and did not feel intimidated by any rival.

*His relations to his friends were on the same basis. He had extreme difficulty in playing with them and had practically no intimates. His parents thought he was too bashful to have playmates.*

Bashfulness is the reaction of persons who put on brakes in all their activities. Thus they are able to avoid situations which might bring them defeat.

*The patient also had difficulty in getting to sleep at night and insisted that the door of his bedroom be kept open. He expected his parents to drop in again and again throughout the evening to see whether or not he had gone off to sleep.*

Other children might have developed bed-wetting with the same ultimate effect of keeping

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the parents close at hand. He developed more and more the attitude of a person who believes that he is right in being a trouble because this spelled for him the only way to success. We would expect that he would not be able to stand any great burden.

*A catastrophe happened to him one day when he was eight years old. He was playing and fell on a sharp stone which cut a gash in his left cheek, resulting in an ugly scar.*

Such a disfigurement would be a burden to any child, but to him it was unbearable. The defeat which he had always feared now seemed to him to have been realized. His tendency to worry about what others thought of him took the foreground.

*Shortly after this accident his condition became worse and worse. He was seen blowing on his fingers alternately without giving any explanation. He became worse in his studies in school. Finally he told his frightened parents that he was suffering from 'daymares', a word he had coined as being similar to nightmares. When I saw him at this point of his development he explained that these 'daymares' occurred particularly during his arithmetic lessons in school. They consisted of certain compulsive ideas. For instance, he would suddenly have a feeling that he was saying: 'Wait a little.' He knew he was not saying this. He also felt as if he were saying: 'Shut up.' In addition, he felt like spitting around in the room, and as if the pen with which he was writing were dropping on*

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*the floor. Although always conscious of the unrealities of these ideas he could not rid himself of them.*

We can understand the compulsive idea of saying, 'wait a little', as the expression of his hesitating attitude, found commonly in many neurotics. This same mechanism manifests itself in the idea of dropping his pen, which would result in a discontinuance of his work in arithmetic. His hostility towards his environment is shown by his idea of spitting around and saying, 'shut up'. Unfriendliness is often found in neurotics who as a rule have no positive interest in their environment and may show a severe disturbance in their relation to the problems of work and comradeship.

*Another symptom was described by the boy more elaborately than is usual in children of his age. He suffered from feelings of depersonalization which arose chiefly during arithmetic lessons. At this time he suddenly felt strange and as though the voices of the other children sounded unnatural.*

Such a condition is often found in adult neurotics. It is a logical result of the distance a neurotic puts between himself and his tasks. It is the feeling of a person in a foreign land, not at home in this world. The opposite of this feeling of depersonalization, the so-called 'déjà vu', gives an even better understanding of these problems. Almost everyone has experienced the feeling of having seen or heard before something or someone, which could

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not have been possible. This will generally happen to a person who feels very familiar with a situation and who believes that nothing can happen that he does not already know about.

*Another compulsive symptom was bothering our child considerably. He often felt as if something was sticking to his hands or feet. He described the feeling as if he had just gotten out of the car and the running-board was still sticking to his feet, or as if he was leaving a boat and was kept back by the boards of the boat, which seemed to stick to his hands or feet. In his attempt to rid himself of this agonizing feeling he often blew on his fingers. His condition was so serious and distressing that his parents thought the symptoms were already the beginning of a psychosis and that he was suffering from hallucinations. But the patient never believed in the reality of these ideas and feelings but always experienced them as something foreign to his personality.*

This differentiates his symptoms fundamentally from those of a psychotic person.

*At the same time his habits of eating became more difficult. It was almost impossible to make him eat in the morning. The other meals he ate normally.*

As to other children, the time just before leaving for school was particularly irritating to him because he felt the difficult task before him. With this feeling he acted as if in a state of shock and sometimes felt nauseated, vomited, and had no appetite.

*When questioned about his attitude towards his class-*

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*mates, he replied: 'My friends are too rough for me and always run around fighting. I don't like that.'*

This again shows that he tended to keep himself in the background when he could not be the ruler of a situation and thus tried to avoid defeat.

In his intelligent way he knew exactly how to frighten his mother, who had already had unfortunate experiences with insanity in the family:

*He told his mother one day that he hated her, and he could not be induced to give any explanation of this.*

One can understand this more easily when one knows that shortly before this event his mother had purchased some toys for his little sister but none for him. As one might expect, he liked a person so long as that person behaved according to his wishes but hated him if he did not pander to him. We have previously seen that he reacted in a similar manner towards his little sister.

*One evening he frightened his mother by telling her that if she did not stay with him something terrible would happen. He succeeded in keeping her near him for many hours. When I asked him what he had meant by telling her this, he explained with a smile that he had not meant anything but was just fooling her.*

Here again we see a child in the early stages of a neurosis consciously attempting to bring about a result which is favourable, according to his conception of success, by faking neurotic symptoms, in this case symptoms of a phobia.

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*He had a great affection for his dog and carried around with him all the time a snapshot of the dog. He particularly emphasized what a wonderful dog it was because it would not let any stranger into the house.*

This characteristic of the dog helped the boy to isolate himself from others.

One must keep in mind that getting along well with nothing but an animal shows that this person is harbouring a grudge against other persons. Often individuals who are isolated with only one dog or cat about them say that this animal is the only friend they have. Our boy made the same statement. His dog was his obedient servant at all times and made him feel himself to be the ruler of his domain.

In the psychotherapeutic treatment of a child one must always obtain the co-operation of the parents since they are the strongest factors in the situation. In this case they were easily shown that it was wrong to treat their child as though he were mentally sick and were induced to treat him like a normal boy.

It was possible to change the child's point of view concerning arithmetic, in which he had failed. During classes in this subject he had suffered the most from his compulsive symptoms. It is known that in 'problem children' arithmetic is often the stumbling block. It is a subject requiring independent thinking and planning. This seems to

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be in some cases the reason why children who are not accustomed to planning independently their own course but who rather lean on others for support and assistance, have their first difficulty in school in arithmetic. I attempted to explain to him his over-estimation of his difficulties, and tried to show him that he could do as well as the others.

*The next time I saw him he had an idea to offer. He told me: 'I know now how to get rid of my difficulties in arithmetic. I heard about a machine that does arithmetic and this machine would make it easy for me. I would like to have one of these machines.'*

This suggestion illustrates two important points. First, it demonstrates the old habit of expecting help by effort other than his own. In this case it was a machine which would work for him. Secondly, this child was making a plan which is always a promising sign and never should be overlooked in the psychotherapeutic treatment of children. Once he starts to make plans to improve his situation he may be expected to continue planning and working to improve his condition, which means the beginning of a cure.

*He remarked after we had discussed the disadvantages of carrying around a heavy machine for doing arithmetic that he might be able to do without it in a very short time. Soon he became interested in arithmetic and before long declared that there was no need for him to bother any longer about this subject because he had received the*

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*highest marks in his class. When questioned about his compulsive symptoms at that time, he replied that they had disappeared when doing arithmetic and were much less marked at other times although still present.*

It is interesting to note that as soon as arithmetic was no longer a problem his symptoms did not appear in connection with this study.

When a patient already shows signs of improvement it sometimes is helpful to ask him the following question: 'When do you think all your troubles will be over?'

*When I asked our patient this question he thought it over and said that he believed they would be over about his birthday, which was a few months away. When I expressed surprise about such a short time he again replied that he felt sure about this date.*

By this question one cannot expect to obtain information about the course of the disease from the patient. But it frequently makes a patient handle a situation in a more independent and efficient way himself. This is found in cases of psychoses as well as in neuroses. I remember a catatonic patient who had not talked for a few months and who only occasionally wrote a few words. I asked him to write down when he thought he would be able to talk again. He wrote: 'At four o'clock in the afternoon in two days,' and he actually started to talk at the predicted time. One must not think that he would have talked anyhow at that speci-



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fied time. He had made up his mind and decided to talk at the time chosen by him. This also occurs in neuroses when the patients take their fate into their own hands. Such is the situation which the psychotherapist must expect. In favourable cases the patient can be helped to arrange things independently and not to lean any longer on others as he formerly did. The psychotherapist should not be so egotistical as to believe that he alone is curing the patient. Moreover, so long as one continues to take all responsibility for the patient one can never succeed in treatment. The aim is to make the patient work out his own difficulties in arranging his life. This can be done successfully by some psychotherapists and not by others. By the same token certain teachers are able to make children eager and willing to increase their knowledge while others are not.

*A few weeks elapsed during which time we discussed our boy's problems with him. He felt more and more certain of recovery within a short time. One day he said: 'I have found a method of getting rid of this feeling that boards are sticking to my hands and feet. When I feel the running-board of a car sticking to my feet, I just imagine that I send the car back to the garage, and off comes the running-board from my hands and feet. If it is a board of a boat I just order the boat back to the pier. And a few days ago I lost this disagreeable feeling.'*

Here we see in an impressive way certain im-

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portant mechanisms in the course of recovery from a neurosis. The patient acquires a feeling of being the master of the situation. The same thing happens in adult patients who are making a recovery. But it seldom is so evident in adults as in children, particularly in this case of the very intelligent boy which we have been considering. It goes without saying that merely suggesting to a patient that he should work out his own solution to his difficulties will not work. The art lies in bringing the patient around to changing his whole outlook on life. Then he can be expected to recover and to work out his problems in the same way as mentally normal persons do.

*The patient's change of personality came about at the same time as his change of idea regarding a profession. At the beginning of our acquaintance he declared that he would like to become a policeman.*

This represented the logical result of his constant fear of being defeated. Being a policeman meant becoming a legal, undisputed ruler of everyone. That is the concept that usually makes this profession a very desirable one in the eyes of children.

*When some weeks had passed he had changed his mind and decided that he would like to become a doctor. At the time of his recovery from his symptoms he was firm in his intention of becoming a plastic surgeon. He explained that he had learned so much from all the troubles caused*

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*by his facial scar that he thought he could now help others with the same trouble.*

*All his symptoms had disappeared a few days before his birthday and since that time he has felt well. When I last saw him he was sure that his former troubles would never recur.*

This case having been given in detail, a short summary might be helpful. The observations concern an eldest boy who, because of many unfortunate circumstances, was not prepared for any situation which challenged his position in the family. Therefore to him the arrival of a sister meant a major defeat. An accident resulting in a disfiguring scar precipitated a compulsion neurosis. His symptoms illustrate the tendency of a patient who feels that the best way to solve one's problems is to keep away from further possible defeat. Hence he puts brakes on all his enterprises.

In general, compulsion neuroses have a better prognosis in childhood than in adult life. Moreover, it is occasionally observed that children may keep in the back of their minds the knowledge of how to overcome difficulties in later life, because of similar experiences which they went through during childhood.

## IV

### Some Problems of Adolescence

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The period of adolescence frequently causes a child's parents and educators great concern and anxiety. One reason for these worries is that certain types of behaviour may come about which cause social difficulties. A youngster approaching the age of twelve or fourteen often seems to change, according to the opinion of his relatives. He may become obstinate and may declare that adults are all wrong, only the younger generation is to be taken seriously. He may be unable to get along with anyone, may lose interest in his school work and threaten to leave home. The cause for this change is proverbially said to be puberty. The endocrine glands in particular have been held responsible for the turbulence of this period. It is important to remember, however, that the endocrine glands function throughout life and do not

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start to function just at puberty. They merely reach a certain degree of maturity then. Specialists in endocrinology hardly ever treat psychological difficulties of adolescence by means of glandular therapy, but glandular extracts are administered widely by some physicians not well trained in this field in the hope of modifying behaviour problems.

The type of psychological development is also the result of continuous evolution and is merely put to a severer test at adolescence, when the demands upon the individual increase. Childhood represents a protected period of life during which elders take the final responsibility. As the child grows older new obligations and demands confront him and he has to find some sort of solution for them. Problems of profession arise, he becomes a member of society on an equal footing with other men and women, and he must prepare for situations in relation to the other sex. This is the time when the individual will show how well he is prepared. When a person feels himself in danger he will manifest his degree of ability to make an adjustment. Therefore puberty may in some cases be the critical time at which neurotic symptoms appear as the individual's answer to pressing problems. This does not mean a new and different mental development but rather is the result of a psychological process which can be traced back to early stages of childhood.

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To a certain extent problems of another period of life can be compared with those of puberty. It is known that psychological difficulties may sometimes arise during the menopause. This epoch is considered by the layman to be dangerous because mental changes occurring at this time are often ascribed to the well-known physiological alterations of the climacterium. However, mental difficulties show themselves only in certain types of women while others do not feel or manifest any psychological change. Neurotic symptoms as a rule occur in women who feel that their only way to success is through being attractive to men and ruling over them. Realizing that with advancing age they are losing this power, they logically feel that their life is no longer worth while. Everyone in such a state of mind is liable to develop mental instability. We all must have something to look forward to in the future. This is the reason why women with a keen interest in their profession do not suffer as a rule from mental disturbances during the menopause. In some cases when children who have grown up are leaving home, a mother may develop new activities and interests in life, thus averting difficulties which otherwise might have occurred.

In the following case of 'puberty neurosis' one can trace the beginning of neurotic development back to childhood.

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*The patient is a girl thirteen years old, the youngest in a family of three girls and one boy. She is said to have always been different from the others.*

As already mentioned in another chapter, this can often be noted in the youngest child in a family.

*She was far superior scholastically to her brothers and sisters.*

It is helpful during psychotherapy if a patient is successful in at least one field. If he is made aware of this accomplishment he is often able, thanks to this, to change his attitude towards other problems in which he formerly failed.

*The girl never went out with her sisters but always liked to stay at home.*

Knowing this we may expect other personality difficulties, as in the case of all individuals who have a marked tendency to isolate themselves. One suspects too that something special at home attracts and keeps her there. In this instance it was the mother.

*Our patient felt greatly attached to her mother, who in turn felt especially close to her youngest child. The mother was a very domineering person who kept the family interest centred upon her. Everything revolved around her and had to be done just as she wished. No one dared to oppose her.*

In such a situation profound reactions may occur in any member of the family who attempts to compete with the central figure.

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λ *The girl showed violent temper tantrums and refused to talk to her mother for several days whenever the mother was unwilling to meet her demands.*λ

Here one sees a characteristic reaction of persons who are afraid of being losers in a situation in which they strive to receive more recognition<sup>4</sup> than they are likely to obtain.

*The girl read a great deal, but only fairy tales.*

Such behaviour denotes dissatisfaction with reality. She did not feel at home in real life and adequately equipped to meet it and was therefore more interested in an imaginary world.

*One day she was bitten by a dog.*

This is a common occurrence in childhood, but as a rule it does not seriously influence a child's personality.

*Subsequently the girl developed a phobia. She began to tremble whenever a dog was mentioned and whenever she saw one at a distance. She kept her family busy seeing to it that no dogs came near her. She insisted upon moving away from the district in which she had been bitten. The girl herself said: 'I went home and nobody was there. Of course, I could not stay all alone. I went to a neighbour's house and their dog came out and bit me.'*

In this story we see the girl's implication that inadequate care was given her at home. How could the family do such a thing as leave her alone! I recall a little boy four years old who one day came into the living-room where the other



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members of the family were gathered. He was carrying a carving knife which he had taken from the kitchen, and said : 'You see what can happen if you don't take care of me. I might cut myself!' The dog-phobia in our patient is similarly a response to a situation which displeased her, implying that she should not be left alone again.

*The girl's condition aroused more and more concern. One day she suddenly disappeared, taking with her fifty dollars which the mother had saved to buy a new set of teeth. It was later found out that our patient had purchased a ticket and had ridden on a bus for seven days. When she left the car she was questioned about her plans and finally was sent back home. On returning she was in a disturbed state of mind, scarcely speaking a word and not telling where she had been. Following this episode she was watched closely and was not left alone for a moment. She was even accompanied to and from school. However, she grew worse and worse. She began rubbing her hands, stared at objects for a long time, put things in her mouth and kept chewing them.*

It is no wonder that several physicians thought she might be suffering from schizophrenia. But in going deeper into the situation one finds that this girl acted intelligently upon her premiss in the way in which any neurotic might. In a psychosis the connections between the individual goal and the symptoms, if they are found, are less logical and clear than in a neurosis. This girl had been

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trying for years to compete with her mother in ruling the home and at last succeeded. If one wishes to understand a neurotic manifestation, as for instance the escapade of this girl, one must always observe the outcome. Otherwise one would be tempted in this case, to ask, as some did, why a girl who is supposed to be striving for more support and attention should ride alone for days on a bus. A symptom by itself can be misleading unless one knows what it is used for in the individual case.

*When I saw this girl a few weeks after she had returned from her trip she had stopped talking and kept staring into a corner, rubbing her hands and chewing paper. It had been necessary to take her out of school a few days previously.*

Nothing would have been more futile than to keep on asking this girl the same questions she had been asked for weeks: 'Why do you rub your hands?' 'Why don't you talk?' These questions would have been nothing new and would not have stimulated her to change her attitude. Patients resent very much having a psychotherapist asking them questions the answers to which, as a matter of fact, he should know himself. Such a mistake may give the patient the definite impression that he is incurable, since the doctor does not know any more about him than he does himself. Unless his state of mind is such that he feels he can be

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helped, the requirements for his recovery are still lacking.

If the patient does not talk in the first few interviews, which often happens in the case of children and adolescents, it is the psychotherapist's business to do the talking. Of course, it is of the greatest importance that one choose the correct subjects to talk about. One cannot talk, just for the sake of talking, about the weather, for instance, because that would not arouse the patient's interest. The subject must be closely related to the patient's problem, which in such cases must be carefully investigated beforehand.

*After six weeks the patient did not show any abnormalities and she then continued her school work successfully.*

It might be worth while to discuss a few important steps and danger points during such therapy. The girl's mother, who, as already stated, was never ready to give in to anyone, visited me and angrily told me that mere talking would never help her daughter. She insisted upon my giving medicine to the girl. It is important not to overrate one's influence. That of parents is usually stronger, particularly if the patient is closely attached to them. Frank opposition to them therefore spells defeat for the doctor. On the other hand, medicines are hardly ever indicated in the treatment of psychogenic difficulties. Neurotic

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patients have a tendency to put the burden on someone or something else. It would be in keeping with their style of life gladly to expect their cure to come from medicine. This must be avoided. I got round it by telling the girl that her mother had asked me to give her some medicine and that I was giving her a prescription for an iron compound which might give her red cheeks. I do not know whether or not she ever took it, because it was never mentioned again. The mother certainly felt satisfied in the belief that she was victorious over the doctor, and the patient knew that all she could expect from the medicine would be red cheeks.

Neurotics often are superstitious and this had to be dealt with in this case. Our patient believed in witches and ghosts who influenced everything she did. One should guard against taking such ideas superficially as expressions of a psychosis. In certain eastern European countries such as that from which this family came, many persons, particularly women, still believe in ghosts. Actually, in this case, not only the patient but also the mother and sisters were equally superstitious. It is a gain in the treatment of a neurotic if the patient can free himself from superstitions. Otherwise he is likely to make supernatural beings responsible for his condition just as he is accustomed to blame environmental factors. Often cautious joking is of

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value provided care is taken not to hurt the patient's feelings. Such an approach may result in the patient himself placing less emphasis upon the supernatural, and in his turning towards more productive interests. This procedure helped our girl, who was eager to report all the jokes made about the subject to her family, who in turn finally joined her in the new and apparently more welcome conception. At last the patient stated that she did not believe in ghosts and witches any longer.

*For the past three years the girl has developed favourably and has been admired and praised by her family and friends.*

This however has caused the following unfortunate incident: Her older sister, feeling very much in the background and neglected as compared with her more popular sibling, suddenly disappeared one day, taking with her two hundred dollars, a sum of money which the mother had intended to use for a pleasure trip. Again we see how neurotic behaviour becomes exaggerated when occurring subsequently to neurotic activities on the part of some other member of the family circle. Because the younger sister had taken fifty dollars, the same amount of money or less would not have been sufficient and therefore the sum had to be larger. The older girl spent a few days with friends in a neighbouring city buying

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new clothes for herself. Before returning home she wrote to her mother saying how sorry she was for having caused so much trouble. By this expression of repentance she had thoughtfully provided for herself a warmer reception than she would otherwise have received. This action was similar to that of her younger sister who had returned home from her escapade in such a pitiful state that everyone wanted to help her.

I hope no one will suspect the existence of an inherited tendency in this family to steal money from the mother. One can trace here the influence of reactions of certain members of a family upon one another. The progress of her younger sister, who had become the pride of the family, caused the elder to feel a sense of defeat and so she adopted measures which had been successfully used by her sister. Attempting to outdo her sister, she took even more money.

Our patient certainly went through a critical period which might have given rise to severe wayward and criminal tendencies. But as in childhood, so in adolescence one is still comparatively flexible. The serious mistake of indiscriminately diagnosing vagaries of adolescence as caused by 'glandular dysfunction due to puberty' should be avoided.

Care should be taken in the use of the term 'pre-psychotic' which one might have been tempted

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to employ in this case. Records and observations show that up to the present time we have no possible way of predicting the outbreak of a psychosis. When it has been correctly 'predicted' it usually can be proven to have been already present at that time. Children who later develop psychoses may show, before the onset of actual mental disease, all sorts of difficulties commonly found in problem children. Some may also belong to the so-called group of 'model children,' who occasion practically no trouble or worry. Often candidates for later psychoses show exaggerated responses to different situations, but certainly not pathognomonic ones. As a rule one is correct in expecting to find in a child diagnosed as 'pre-psychotic' a severe grade of neurosis which may or may not clear up during later years.

## V

# Social Interest and the Structure of Neurosis

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In discussing human character we frequently refer to a person's being 'right' or 'wrong' in his psychological development. But how can we judge what is right or wrong?

In his last book, *Social Interest: A Challenge to Mankind*,<sup>1</sup> Alfred Adler has elaborated upon this question. He states that the only way in which one can estimate whether or not a person is right or wrong is by his relation to mankind as a whole. One must determine whether he is a help or a burden to society, whether he is or is not contributing to the progressive development of man. This same reasoning must also be applied to all those who have been outstanding in history. Often

<sup>1</sup> Adler, Alfred, *Social Interest: A Challenge to Mankind*. Faber and Faber, London, 1938.



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we are not aware of a person's value for a long time. But the later development of mankind will show whether or not he has made a contribution.

The spirit of those people who have contributed will never die. But what eventually becomes of those people who have been a hindrance? We find no trace of them in history; they have left nothing. Only the useful accomplishments are included and those who work against progressive development disappear.

Alfred Adler's conceptions can be applied to one of the largest groups of diseases, the neuroses. The character of an individual is shown by his reactions to problems of friendship, love and profession. In order to understand the neurotic personality one must trace the presence and the amount of social interest in the different types of neuroses.

Nowadays people are too often labelled 'neurotics'. Almost everyone at some time or other diagnoses himself as suffering from a neurosis. It seems necessary to find a sharper line of demarcation in order to elucidate our point of view. For instance, young people blush frequently at various things. Must we call them neurotic? We cannot do so unless we know the meaning of the symptom in the particular case. If a person uses blushing as an excuse to avoid meeting people and to retire from society, then blushing does represent

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a neurotic symptom and the patient is suffering from a phobia. He is using this symptom as an excuse to keep from challenging situations. The cause of blushing is another question. We find it often as the result of congenital inferiority of the function of the vasomotor system. Healthy people work out a compensation or an overcompensation to this dysfunction in their later life. We cannot say exactly how this is done since we do not know all about the mechanism of physical adaptation. But we can be sure that, for instance, so long as a child has a positive interest in wetting the bed his body will not work out a satisfactory means of overcoming this disfunction.

Every neurosis represents new problems. Yet one is able to trace certain general trends in the different types, which can be illustrated by citing a few typical examples.

The following case of neurasthenia occurred in a man who was a weakling and also rather plain. No one in his family had encouraged him in meeting his difficult situation. He was suspicious in his relations to the opposite sex. A venereal disease which he contracted rather early naturally increased his pessimistic outlook on life. One would not expect him to make a satisfactory adjustment in this state of mind. That he could not do this was shown in the course of a more serious affair with a girl who cared for him and who

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finally urged him to come to a decision about their future. At this time he had a 'breakdown'. He became unable to get up in the morning and suffered from fatigue and backache. Backache is a very common symptom in neuroses and is often the result of loss of tone of the musculature. The same mechanism may be seen in persons with flat feet who frequently experience no pain or discomfort unless they become depressed. This relation between physical pain and neurotic disease should always be borne in mind. Our patient was finally forced to give up his job because of nervous weakness which came on with any exertion. His friend soon realized that there was no future for her with him. He had escaped the necessity of making a decision which, given his type of personality, seemed dangerous to him. Shortly after the girl had given him up his condition improved temporarily. Since his personality was fundamentally unchanged one might expect once more a breakdown should he be faced with another difficulty.

I recall a case of compulsion neurosis in a fifteen-year-old boy, who was brought up by a stepfather. The stepfather's children did not like their half-brother. His mother was not very much interested in him but was more interested in the children by her second husband. The boy never made a satisfactory adjustment to his schoolmates.

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He did not do well in school and finally failed. His parents wanted him to repeat the year, an idea which he resented strongly since he was afraid of ridicule by his classmates. At that time his mother began to notice that he said over and over certain words and paced up and down in one place. When I asked him about his repeating words he explained to me that he had to say them until they sounded right to him. He felt compelled to put things back in the same position in which they had been when he took them. He had to walk back and forth until he had achieved a certain posture. Whenever he tried to fight his compulsions his anxiety grew worse. The result was that spending his time in this way made it impossible for him to go to school. This was realized by his parents, who finally consented to his withdrawing from school, as he had longed to do. Naturally he diminished his chances of becoming successful professionally by shortening his school training. All his neurotic symptoms disappeared without psychotherapy fourteen days after he had left school. This is understandable because we know that neurotic symptoms appear when a person feels he is in acute danger which he cannot face. However, this boy will probably continue to be a burden and will develop neurotic symptoms again if, according to his thinking, they point the way to success.

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I recall another case of a neurosis, a syphilophobia. It occurred in an author who had received nothing from an illustrious father but a famous name to live up to. His childhood was very unhappy. The mother left her husband, taking this child with her. She, a disappointed woman, was no help in compensating to him for all his unfortunate childhood experiences. He suffered one failure after another throughout life. He became one who always depended upon others for help. Unsatisfactory relations with the other sex increased his difficulties. When his whole situation became unbearable and it became urgent that he solve specific problems he suddenly developed a syphilophobia. He spent all his time going from doctor to doctor trying to convince them that he had syphilis. The doctors explained to him that he was not infected. But he had gained a certain amount of knowledge about the disease and tried to prove to the doctors that they were wrong. One day he came to a physician who, after hearing his story, told him he believed his diagnosis to be correct. This made the patient very angry indeed and he began to explain to this physician that he could not possibly have the disease. He left the office in a rage and told his friends what a mistake the doctor had made in his diagnosis. After a few days he himself realized what he had been using this symptom for and gave

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it up. Again this does not mean a cure of his neurosis but only the cure of one symptom which might be replaced later by others in another situation too difficult for him to cope with.

It is very interesting to investigate the cause for disappearance of a neurotic symptom. It will disappear if the symptom loses its value for the patient.

Another typical case of phobia was that of a young woman who was pampered by her three brothers. When she married she expected her husband likewise to pamper her as her family had done. She got along well for a while until he grew weary of the situation. Finally he insisted that they have children. For this she was unprepared. Having children meant to her an extreme hardship because she would have to take care of them and give up things she was fond of doing. She now developed a phobia, a fear that she might kill herself and her husband. Consequently the husband became terrified and felt convinced that they never should have children because his wife might kill them.

The psychological structure of kleptomaniacs is often very elucidating. We speak of kleptomania in a person who suddenly feels compelled to take things not belonging to him. Sometimes, but not always, the articles are valueless. He will generally give back the things he has taken. Such a

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neurosis closely borders on criminality. If a person does not give back what he has taken he is called a thief. This demonstrates a difference between neurosis and criminality. A neurotic will at least try to appear obedient to the laws of the community while a criminal openly fights them.

It is an interesting fact that kleptomaniacs are in many instances relatives of guardians of the law. Thus this type of neurosis is selected as a most effective weapon to use against their relatives. The neurotic symptom always 'hits the nail on the head', thus showing that it has been chosen with intelligence in order to fulfil a purpose. The symptomatology of a neurosis is governed by the possibilities open to the patient. I have never seen an agoraphobic unless there were one or more slaves around ready to accompany him when he had to cross a street. We must expect that if such a possibility is not open to the neurotic he will choose another symptom.

One kleptomaniac was the wife of a policeman. From the time of her childhood she had developed a tendency to exploit people and had made her husband an absolute vassal. When he began to revolt she then felt compelled to take things from department stores, which she returned shortly afterwards, accompanied by her husband to whom she confessed immediately after such an exploit. He met with many difficulties because of

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her neurosis, which threatened to cost him his position. From now on he had no peace and always attempted to have his wife supervised while he was away.

Kleptomaniacs claim that an irresistible mysterious drive, compelling them to take things, is responsible for their disease. All neurotics reason this way. In these days particularly, some well-educated people, who have a vague and inadequate knowledge of psychology, excuse much of their misbehaviour by 'drives'. They speak about their 'mother-' or 'father-fixation' when they neglect some urgent social demand. In the same way they may state that all their actions are determined by their 'sexual drive' and find that this sexual drive suddenly ebbs when the relation towards their partner seems to place responsibilities upon them. They sever human relations again and again, excusing their behaviour on the ground of 'constitutional instability', 'glandular disfunction', etc., not realizing that our drives are directed as well as modified and conditioned in accordance with our individual goal. Everyone experiences at one time or another the most varied types of 'drives' in himself. But fortunately human beings are normally blessed with the ability to choose which drive should be developed and which should be repressed. This is one aspect which differentiates man from animal.



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Dipsomaniacs, too, experience from time to time an irrepressible drive to drink excessively for a few days or weeks, after which they remain sober for some time. These drives are usually quite openly directed against a relative or close friend, who is then forced to hunt up and try to supervise the drunkard. Dipsomaniacs generally lose their positions and, like most neurotics, finally become a great burden upon their family and friends.

The aggressive character of drunkards is shown by the large number of suicides or attempts at suicide in this group. There is usually someone who is to be punished by the suicide. A similar attitude can be observed in certain typical dreams of childhood. Children dream they are lying dead and that their family is standing about them crying. Suicides which are supposed to be the result of unhappy love affairs are usually committed by persons who blame their partners for their unfortunate situation. In cases of double suicide the parents are often blamed for not having sufficiently met the subjects' needs.

In a normal person an increase in responsibility does not lead to a neurosis. It is surprising how many difficulties and catastrophies one can endure without becoming neurotic. But in an individual who is prone to shirk responsibilities and who is looking for an excuse to burden others instead of co-operating with them, any psychic

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trauma or trying family situation, any demand, trivial as it may be, may act as a shock and bring about a 'nervous breakdown', i.e. inability to adjust oneself to the given situation.

The brief examples given in this chapter are not intended to illustrate thoroughly the origin and development of neuroses. They show, however, that in all of these cases a lack of social feeling can be found which is not a result of the neurosis, but can be traced back to early life.

## VI

### Psychology of the Criminal

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Crime represents the type of psychological failure most detrimental to society. Attempts to prove convincingly that criminality is an inherited characteristic have failed. It is true that one can frequently see in criminals physical signs of degeneration. They may have malformations of their ears, of their skulls, or may be particularly ugly. We have previously seen that physical inferiority can exert an unfavourable influence upon the development of character, and this may be found in the early life of a criminal. The fact that he has been ridiculed by others or neglected by his parents because of his physical handicaps may contribute to an unfortunate outcome. On the other hand, it is known that a great many criminals, even some of the most dangerous, have been particularly handsome. The latter often have been

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greatly admired during their childhood and have subsequently striven to obtain some sort of admiration regardless of whether it was for socially productive or for criminal purposes. In order to prove the importance of hereditary factors in relation to crime, certain family trees are repeatedly referred to. One widely cited example includes a man most of whose first children, by a prostitute, later became criminals. Afterwards he married a woman of good family background. They had children, none of whom became a criminal. It goes without saying that children brought up in the environment of a prostitute and deserted by their father do not have much chance for favourable development, regardless of the family stock.

Occasionally attempts are made to explain the criminal on the basis of economic conditions. But criminals have developed at all economic levels, both during prosperity and depression. Criminality during prosperity has been attributed to the fact that the value of money was over-rated, which induced people to try to get more and more of it. Criminality during depression has been said to be due to the lack of means and subsequently a desire to improve one's financial status. All this shows that economic conditions of themselves do not adequately explain criminal tendencies.

Criminals may be roughly defined as persons who take or attempt to take something which

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does not belong to them and which they have no right to take. This definition brings up an important issue, because to a certain extent it can be applied also to neurotics. There are many similarities, on the one hand, and also distinct differences between neurosis and crime. Like the criminal, the neurotic takes what does not rightfully belong to him even if it is only the time of certain members of his family who are constantly engaged in caring for him. Severe neurotics commonly live as parasites, are a burden to others, and exploit them. Sometimes the whole family is engaged in caring for one neurotic member. But the important difference between a neurotic and a criminal rests in the way in which each attains his respective goal. The neurotic will always try to prove that there is a justification for his behaviour by stressing his symptoms. He will recognize social demands, common sense, and the need for social activity; but he will feel unable to do what he sees to be incumbent upon him. He will say he knows exactly what he should do and what his duties are, that he should care for his relatives whom he loves, and that he realizes he should not be a burden to them. But—and behind this 'but' he will hide. All his symptoms are preventing him from acting as he should. While the 'yes-but' attitude is typical of neurotics, it is not typical of criminals. The criminal will not recognize social

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demands. He will bluntly deny them and openly fight society. He is an active fighting type who attempts to attain by force what he desires and tries to obtain more than he has. This can be observed especially in certain dangerous criminals from wealthy families. The case of an only son of a rich family in a European country was very impressive. He grew up with the idea that he could have anything he wanted. Whenever there were obstacles in his way and between him and his desires, he considered them as an outrage to his rights and he fought them violently. One day his aunt wore some jewels which particularly attracted him. When she refused to give them to him he broke into her room, killed her, and made away with his loot.

Criminals have a form of logic which does not take into consideration the rights of the community. From this point of view it is quite all right simply to take something if they just want it, regardless of all the hardship and sorrow that they may inflict upon others. History gives many examples of such criminals who have been leaders of nations. The only failure a criminal will admit is being caught. The most favourite subjects of discussion in prisons is how to do a better job the next time without being caught. A well-known case is still fresh in most people's minds—the son of a wealthy family who, with the aid of a friend,

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killed a boy. When arrested he repeatedly emphasized that if they had not found his eye-glasses near the scene of murder he never would have been caught. His attention remained centred upon this 'failure'. The fact that a large percentage of criminals are not apprehended stimulates them to continue hoping to do their work so well that they will never be caught.

These psychological mechanisms can be seen in the following case of a criminal:

*The patient was twenty-two years old, the oldest of eleven brothers and sisters. His parents were immigrants from a southern European country.*

It is an interesting fact that while in the first generation of immigrants comparatively few criminals are found, in the second generation the percentage is much higher. People who leave their country as a rule reach their new homeland with the hope of building up a better future. They feel like pioneers. This is not the state of mind conducive to the development of criminality. Their descendants find themselves in a different situation. They grow up feeling culturally different and find it hard to establish satisfactory relations with their playmates. Often the background of these children is considered by their neighbours to be lower socially. All these facts may give a child the feeling that he is growing up in a hostile environment in which he must fight for his rights.

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*Our patient told us he was treated kindly by his parents.*

Criminals do not necessarily come from families in which they have been treated unfairly. Very frequently they have been spoiled.

*As a child whenever he did not get anything he wanted, our patient became very angry and had temper tantrums. Only in the early part of his school training did he receive satisfactory grades. After the first few years he lost interest in his work.*

This is not surprising when one knows that his brothers and sisters who followed him were brighter students. In this situation he gave up. It is a known fact that having poor school training is a great handicap for later professional activities. Among criminals a very high percentage have had insufficient education. Instead of training for a socially productive life this fellow now worked out plans leading to other kinds of 'success', which are very often the first criminal undertakings of youngsters.

*He began his career by stealing cars. With these stolen cars he drove around for a while and then left them.*

Having a car gave him a feeling of being superior to his comrades. He had a car and the other boys did not. Neither did his brothers and sisters, and this made him feel above them.

*When questioned as to why he stole cars he replied that he just felt like taking them and so he took them.*



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This is the type of reasoning found in criminals. Such development is preceded by a feeling of inability to strive for a socially worthwhile goal.

*When eleven years old he was sent to a reformatory and since then has spent most of his time in institutions and jails. He was punished for larceny, theft, house-breaking, and finally for assault with a dangerous weapon.*

In investigating his attitudes in relation to important problems of life, other than professional, it is interesting to know how he felt towards the other sex.

*He emphasized that he had a steady girl whom he loved.*

However, one would not expect him to be very considerate of a partner. Therefore he would hardly be able to deal with matters of love adequately.

*He said that she was a wonderful girl who could read all his wishes by looking into his eyes.*

This gives a clue as to the kind of attachment between them. Such a woman certainly would appeal to him since she seemed to fill all his needs and wishes. This is a relation for which he had longed. Often one finds associated with criminals a woman who for some reason has lost all confidence in herself. She feels she is justified in living only provided she can sacrifice herself for someone who would be lost without her. This is often

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the only kind of woman with whom particularly dangerous criminals associate. Similar conditions existed in his social reactions.

*He had no friends during childhood. Later he gathered a group of friends about him consisting of criminals.*

These were the ones from whom he could expect help, and since they were in the same situation as he they increased his confidence in himself and created a private world for him in which his personal logic worked.

The erroneous state of mind in criminals calls for the same kind of treatment as in neurotics. The difficulty lies in the criminal's decided attitude of being uninterested in anyone who is unwilling to be his slave. Therefore typical criminals are scarcely ever willing to undergo treatment when they are out of prison. This was so in the case of the above-mentioned criminal.

*He came asking for a certificate showing that he was unable to remain in prison for a long time because prisons always gave him headaches.*

He was not interested in how to keep out of prison but only in how to create the most favourable conditions for his criminal activities.

*When I was unwilling to meet his demand he left and I never heard from him again.*

From his previous history one can expect him to continue his criminal career.

While this was a typical criminal who was

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definitely fighting society there are many borderline cases between neurosis and criminality, one of which might be considered here. In such cases there is a combination of neurotic passivity and criminal activity. It seems that these are more willing to apply for help and treatment.

The following case of a boy sixteen years old, a sexual delinquent, is instructive.

*The patient was the son of a judge who lived in a European country.*

It has been mentioned already that rather frequently criminals are found among the descendants of persons engaged in upholding the law; from the point of view of these criminals law-breaking is the most effective way of striking at these officers of the law. One finds too that guardians of the law often adopt habits of stressing law in their own family and of emphasizing rules as to how things should be done. Any kind of pressure is likely to arouse resistance. This helps to explain why so many rebellious characters are found in such families.

*A moralizing attitude was found in the father of our patient, who, with the best of intentions, constantly imposed upon his children, and especially his oldest son, his ideas about life and duty. The father expected a great deal from his son and had decided he should become a doctor or judge. The result was that the boy, burdened with these expectations, was not able to think for him-*

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*self what profession he cared to follow. His mother had died a few years before and the boy had an older sister who was considered brilliant and who received excellent marks in school. When she was eighteen years old she developed a paranoid schizophrenia and had to be sent to an institution. Following the boy came a sister who was also a brilliant child.*

One can readily assume that on the one hand the older sister was a difficult problem for the other children, as is always the case with a psychosis in a family. On the other hand, the boy was soon surpassed by his younger sister who, as girls usually do during puberty, developed more quickly than he. His situation was threatened from both sides.

*A few years after his younger sister had entered school he lost all his interest in his studies and was about to fail.*

Another handicap was his left-handedness which he had not tried to overcome. He accepted his awkwardness as an unchangeable state, as is done by many educators.

*When asked why he never engaged in games he answered that it just was not in him. But he was particularly interested in watching contests.*

This meant no risk for him. In this connection it might be of interest to mention another organ inferiority.

*The sight in one eye was quite poor and this caused him to be cross-eyed.*

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It may have been that the patient's particular interest in watching was the result of his interest in his eye difficulty. We will bring up this point again later.

*He never went out with girls. But he wanted to get married some day, yet did not want to have any children.*

This 'yes-but' pattern which is characteristic of neuroses is shown in all his enterprises. He would say 'yes' with his intellect, recognizing common sense and social demands. But—he was not willing and did not feel able to solve his problems. This was demonstrated by his 'but', which followed all his weak attempts to get ahead. He was like someone going one step forward and one step backward, with the result that he stood still. He was building up the life of an isolated individual, not a promising beginning for future activities.

*One evening when it was dark he tried to hug strange women on the streets. When the women screamed, he ran. This was repeated on several occasions and gave him a feeling of satisfaction. He said that he never cared whether these women were pretty or ugly, old or young.*

The above demonstrates clearly that this fellow had only himself in mind and not the partner as well, as if questions of sex or love involved only himself. This state of mind can be traced in many other sexual perverts.

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*He also bored holes in the walls of ladies' rest rooms to watch women undress.*

This again shows his isolation and his inability to make a satisfactory emotional adjustment.

An organic inferiority is often the basis for the formation of a neurotic symptom. In this case his inferior eyesight, which greatly concerned him, may have contributed to his particular form of sexual abnormality.

*When I first saw him he appeared to be a very listless young man with no social interests whatsoever.*

Instead of fighting, as we might expect a criminal to do, he was rather retiring and shrinking from life. Such characteristics can be noted in border-line cases which actually represent neurotics who are in conflict with the law.

*In the course of the next months it was possible to help him to approach his questions in a more active and socially productive way. He finished school with good marks although previously he had failed. His change was apparent when he came to consult me about his insane sister, although he had previously shown no warm interest in anyone. He asked me to help her get better.*

*Since then he has chosen a profession and has not had any serious trouble for several years up to the present time.*

As I have already mentioned, one must assume that the father was an important factor in this case although whatever he did was done with the best

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of intentions. It was an interesting task to trace the role the father played in the hallucinations of his daughter. Hospital records reveal that when she first was examined, she constantly heard her father's voice giving her commands; she saw his eyes everywhere in the room and thought several objects there belonged to him. It would be an unjustified simplification to conclude that the father was the causative agent in the development of her psychosis. The structure of a psychosis is much more complicated and still for the most part in the dark. We can only say that the elements of hallucinations provide us with valuable data about the most telling influences exerted upon the personality of the patient.

Reviewing the subject matter of this chapter, the most important points of similarity and difference between the development of a neurotic and a criminal can be summed up briefly: In childhood both the potential neurotic and potential criminal show a lack of social interest. The potential neurotic belongs to the passive type and is frequently quiet, will not mix well with other children, and will be polite and peaceful. He will try to meet his tasks, but for various reasons will shrink away and build up neurotic symptoms as alibis behind which he will hide. He will try to arrange a situation according to his 'yes-but' pattern, implying that he could not be expected to

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do better. On the other hand, the child who is a potential criminal is an active type who fights against conventionalities, and his answer to social demands is 'no'. What he desires he tries to obtain by force regardless of the consequences and he feels that his anti-social activities are justified.

It is important to be able to recognize these two types, because during childhood it is much easier to show one that he can win appreciation by acting in a socially acceptable way.

Experiences have shown that just as the psychotherapist needs sufficient knowledge regarding all the circumstances influencing the life of a neurotic, so also those are best equipped to deal with criminals who have sufficient knowledge of all matters having to do with crime. The probation officer thus equipped may aid most efficiently in the ever-growing attempt to determine the best kind of approach to the psychotherapy of criminals.



## VII

### Significance of Dreams and Early Recollections

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In attempting to understand a personality one must scrutinize every manifestation exhibited by the individual because each represents a larger or smaller stone in the building up of a human being as a whole. Two very important structures which are essential for a better understanding of people are their dreams and their early recollections.

It is commonly known that interest in dreams dates back to the earliest recorded history of man. Dreams are referred to particularly in the Bible and in Greek and Roman literature. Ancient people saw in them prophetic significance. This point will be taken up in another connection later. Great poets who best understand human nature often stress their importance. Much credit

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is due to Freud for his pioneer work in dream interpretation. He was the first to use this interpretation scientifically for a deeper understanding of human beings. His employment of free association in this field will be of lasting value.

Psycho-analysis, like individual psychology, is still a young science. Changes and revisions may indicate progressive development in the approach to more complete understanding of psychological problems. Lack of knowledge in this field is comparable to that in other branches of science. Since there is only one truth, one can expect and hope that at some future date there will be but one answer to psychological questions, which will be the outcome of all the present-day theories. The most helpful formulation will be preserved, whereas untenable generalizations and hypotheses will be rejected. From this point of view one welcomes the fact that psycho-analysis in particular constantly revises and advances its theories. This can be seen in certain recent changes in psycho-analytical dream interpretation. While dreams were formerly regarded as a wish fulfilment of repressed desires, particularly sexual, the theory has been revised lately by Freud<sup>1</sup> who now considers dreams as an *attempt* at wish fulfilment. This newer concept offers an interpretation more

<sup>1</sup> Freud, Sigmund, *Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse*, Vienna, 1933.

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nearly like that set forth by Alfred Adler.<sup>1</sup> Individual psychology regards dreams as originating in unfinished and unsolved problems about which the individual is concerned and which he has been unable to solve during the day. This could be symbolized by a question mark expressing the dreamer's uncertainty as to how to deal with a particular problem. Such a conception implies that every dream in some way points towards the future. The individual will have to struggle with his unsolved question for some time to come.

The thinking process of the brain goes on in some way during sleep. Otherwise we could not understand how a person can awaken exactly at an intended hour. A choice is made as to which sensory stimuli are to be used and which to be discarded. A mother will not be wakened by a passing fire engine but awakes at the slightest movement of her baby. Similarly, out of the innumerable unfinished happenings of the previous day the dream is made up of those which are of actual concern to the dreamer and which to him at least appear important in determining his choice of subsequent decisions in life.

The different elements of the manifest dream content can be completely interpreted only with the help of free association and with detailed

<sup>1</sup> Adler, Alfred, 'On the Interpretation of Dreams', *International Journal of Individual Psychology*, 1 : 3-16, 1936.

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knowledge of the individual case. By 'manifest content' Freud means the dream material as the dreamer experiences it. The 'latent dream content' is brought out by dream interpretation. However, rough orientation to the individual's situation can be gained by observing characteristics and directions of movement in certain typical dreams. We know, for instance, that people commonly have dreams about flying upward or climbing. Such dreams are characteristic of those particularly concerned in attaining a position higher than that of others, i.e. in becoming leaders and rulers. But we must keep in mind the fact that if such persons were sure of their success they would not dream about it. Dreaming manifests uncertainty and fear lest one fail to realize his desired goal. Dreams about falling into a deep abyss happen to individuals who have achieved certain prestige but are afraid of losing it and of slipping backward. Dreams in which dead persons appear occur in those who have lost someone very dear to them and who still live with this much-beloved person constantly in mind as if he were present; they cannot realize that he is actually dead. This happens as a rule during the time immediately following his death. Such was true in the case of a young boy who lost his father. A short time afterwards he saw his father in a dream and heard him say: 'You do not really

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believe I am dead. I am not, I only fainted.' His father then looked at him for a while and finally said: 'You are imagining. I am really dead.'

It is as if those things about which we have definitely made up our minds are put to rest in our brain, whereas unsolved, urgent problems constantly demand our attention and thus influence the process of our thinking day and night. It is not so generally known that a simple means of preventing dreams about certain subjects is trying to arrive at some definite conclusion before falling asleep. This can be used successfully particularly in the case of children who sometimes fear they will dream about horrible things which had previously scared them in their sleep. Any kind of discussion with simple explanation of the subject will stop the child's dreaming about it. Repeated dreams show what an individual is particularly concerned about, questions which he has been trying unsuccessfully for some time to solve.

Dreams often deal with missing a train. This denotes that a person wants to escape a certain difficulty by being late. He feels danger in a situation and therefore is doubtful whether to approach it or run away from it. Anxiety dreams filled with fighting and shooting may occur in those who are overwhelmed by the misfortunes of life and afraid of being dragged into some dreadful situation in which they may be the loser.

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The process of changing events of the day into certain symbols expressed in dreams is the work of the 'dream censor', as Freud has termed it. One can understand this mechanism better if one realizes that anybody, when talking or writing about a subject he does not sufficiently comprehend, is likely to speak in a scarcely intelligible way, using complicated phraseology, analogies, and symbols. This seems to be a common way of reacting in a difficult situation.

It is interesting to study people who claim that they never dream. Usually this statement is an exaggeration, and these persons actually do dream, though rarely. A total absence of dreams, or dreaming rarely, may signify different things. As a rule persons who are courageous seldom dream because they use the daytime for working out their problems. But in everybody's life situations may arise which for a time remain insoluble and as a consequence give rise to the formation of dreams. On the other hand we sometimes see a case of a severe neurotic who does not dream. As a rule this occurs when his situation has become somewhat stabilized and the patient is interested in preserving it. He may have succeeded by that time in keeping his entire family about him as servants, and then may wish to remain in his 'mouse hole', believing the present situation the most desirable within his reach.

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Also the feeble-minded do not dream as a rule. They are not creative, do not face their problems, and therefore do not strive for a solution.

It is an interesting fact that a patient who until now has dreamed a great deal may cease when he is undergoing psychotherapy. Since dreams are evaluated and are an important adjuvant in treatment, the cessation of dreaming represents a handicap. This happens when the patient is ~~is~~ not co-operative. It quite often occurs at the beginning of treatment, when he either unconsciously or sometimes even quite consciously, is setting up difficulties for the psychotherapist. Hence the cessation of dreaming is an additional proof that the individual's goal is determining his way of thinking and feeling, thus leading to the development of emotions, dreams, etc., which are in keeping with his attitude. Also quite frequently at the beginning of psychotherapy a patient may tell the doctor that he regrets that he has forgotten the dream of the preceding night. Memory too is subordinated to total personality, and therefore one may retain impressions or discard them.

The latter mechanism can be seen in the early recollections of an individual. Just as the dreamer can choose which dream is to be remembered and which forgotten, so early recollections demonstrate the selectiveness of memory. The importance of these in understanding the psychological

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make-up is another point first emphasized by Freud. He utilizes recollections which have become unconscious and which only gradually come to the surface in the course of psycho-analysis. They are looked upon as the result of traumatizing experiences, particularly sexual in nature, and therefore suppressed from reaching the conscious level. Our major interest in this subject is from another angle. Individual psychology stresses the importance of conscious as well as unconscious memories of the patient for the understanding of the case and utilizes both in explanations to him. So also activities undertaken by the patient are observed and evaluated in the same manner as those which should have been carried out but were postponed or completely neglected. Individual psychology defines early recollections as impressions on the memory of the individual which have been preserved because of their intimate relation to his personal development and goal. One can see in them something analogous to a single picture cut out of a film which has been preserved as though it were the most important of the series. Only when the film is considered *in toto* can this picture take its proper place.

We have shown that although the details of a dream can be understood only by elaborate investigation, still, certain important features, head-



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lines, can be interpreted frequently through observing the general trend. The same is true of early recollections. The chief underlying meaning can often be discovered at once, regardless of whether the recollection was consciously preserved by the individual or came to light only after prolonged investigation. Some details may remain obscure for the time being; it is questionable whether there is always actual need that all be interpreted. Moreover, the attempt to explain everything may lead to considerable misinterpretation. Frequently the only thing one finds out is what the patient's associations are in the given situation, particularly in the patient-doctor relationship. His associations to a subject might be entirely different in another situation or with another doctor. That is the reason why it seems to be preferable to evaluate especially the main topics contained in a recollection. Many associations concerning certain details of the recollection are given in response to the present situation and do not reveal psychological mechanisms which were active in that period of childhood.

Some examples will clarify the subject. Persons whose earliest memories centre about their first day in kindergarten or school usually are those who fear new enterprises and shrink from them. Because of this their interest has remained focused upon such events. This was not the traumatizing

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event, but they had been traumatized before; therefore this occurrence, which would have been of no importance to another child, was of the utmost importance to them.

An earliest memory of walking about with one's mother indicates that this child was particularly attached to her and more or less eliminated other persons from his interest. If a person remembers his father first and not his mother, though she naturally plays a more important role in the beginning, this indicates that for some reason the child was early alienated from his mother.

Some persons' earliest recollections are of illness. This may mean various things. It may indicate that a person is particularly afraid of the tragedies of life and some impending events of a terrible nature. Frequently, however, it denotes an early preoccupation of one who is not only afraid but who has an intention of fighting disasters, illnesses, and death, and it may lead him eventually to become a physician. One of the earliest recollections of my father was the death of a brother from pneumonia.

Frequently memories turn out to be but fantasy, but even fantasy is of importance in revealing more about conditions. Sometimes we hear recollections like this: 'I remember when I was born. My mother took me in her arms.' This is impossible since the physiological condition of

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the brain of the new born is not capable of registering such impressions so early as that and cannot do so before about three years of age. But it shows that this individual connects everything with his mother and therefore has built up a fantasy in which his mother, the only person in whom he is interested, must be present. Such a person will behave during his entire life as if he could not exist separated from his mother.

The following examples may illustrate the way to interpret dreams and early recollections, using cases discussed in previous chapters in which the mention of dreams and early recollections was omitted.

The first case concerns the eight-year-old boy who suffered from a compulsion neurosis (Chapter III). Intimidated by over-watchful parents and by several unfortunate circumstances, he developed a manner as though he were putting on brakes in all his activities. He was afraid of being a loser and he particularly feared that his younger sister would surpass him. His neurosis appeared when he acquired a disfiguring scar on his face following an accident. It was expressed by the feeling that he was being held back because his hands and feet were stuck to boards; furthermore, he felt as though his pen was dropping while he was writing and he also had the feeling that he was saying: 'Wait a little,' etc.

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His suspiciousness of people was first demonstrated when I asked him about his dreams and he replied that being in a free country he did not need to tell them unless he wanted to. However, a few days later he spontaneously reported the following dream: *He went to a stable and led a horse out to race. The race began, but he remained in the stable.*

This dream is the expression of a person who feels himself to be playing an inactive part in life. It is probable that in this dream the horse refers to his sister. This is one point which might be cleared up by more detailed investigation. But scarcely anything is gained by determining whether the horse is symbolic of his sister or of someone else, since, as already pointed out, he reacts in the same way to all who, according to his way of thinking, are his competitors.

His earliest recollection: *When the boy was three years old his father, who was in financial straits, purchased his first car, which was in such poor condition that it broke down whenever it had gone but a few miles.*

It is important that the boy was interested in and retained in his memory a picture which is symbolic of his whole style of life. Like the car, he stops abruptly after inadequate attempts to go ahead. The broken-down car, which would not necessarily be of special interest to others and hence would not have been retained in their memory, fascinated our boy at that time.

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The second case is the thirteen-year-old girl, the youngest in the family, who was particularly attached to her very domineering mother (Chapter IV). She revolted more and more against this mother in an attempt to become the ruler of the family herself. This was finally accomplished by a severe neurosis that might have been mistaken for catatonia.

A dream occurring at the beginning of the treatment: *The girl was sitting on a horse and every one else was walking.*

This dream shows her in her ideal role, that is to say, in a higher position than all others. It is understandable that such a person may try all sorts of means to gain her ends, and one can expect impressive reactions in this attempt.

Her earliest recollection: *Her mother walking and playing with her.*

It would be hardly conceivable that the girl's earliest recollection would have concerned her father because she was always particularly interested in her mother and in trying constantly to keep her with her.

The next case takes up the seventeen-year-old fellow who was on the border-line between neurosis and criminality (Chapter VI). He was a quiet person, his development apparently influenced by the fact that both his older and his younger sister were over-active and brilliant. He had lost

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all social interest and approached life as an isolated individual without any consideration for others. He got into trouble by molesting strange women on the street, and watching women undress.

*He repeatedly had dreams about climbing up to high places and then falling down.*

In this type of dream we recognize the same tendency as on other occasions. Whenever a step forward was made, a step backward followed, with the result that he never advanced. It is a typical neurotic 'yes-but' response which is symbolized in this dream.

First recollection: *He was sitting at home watching the other children play.*

This was the same attitude as shown by him during his later development. He never joined in with others in games but simply watched them, not being capable of adapting himself to his fellows.

The last case is the twenty-two-year-old criminal, the oldest of eleven in an immigrant family, who from earliest childhood fought society (Chapter VI). He was the active type often found in potentially criminal children who constantly fight for 'wish fulfilment', attempting to take by force anything they cannot get easily. Since his eleventh year he had spent most of his time in reformatories and jails.

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*He dreamed repeatedly about horrible affairs in which were fighting, shooting, and bloodshed; also he dreamed repeatedly of falling from high places.*

Like other criminals he was governed only by his fear of defeat, that is, fear of being caught. Being caught meant to him loss of prestige, since his ideal was to be the perfect criminal. This justifiable fear led to those anxiety dreams which occur typically in criminals and which show psychological traits refuting the common belief that criminals are basically courageous and heroic.

His earliest recollection: *He remembers back when he was about three years of age. Whenever he wanted to get something he could not have, he got mad and had temper tantrums.*

Again this person demonstrates in his earliest recollection a typical attitude shown throughout his entire life. It denotes that his main interest is centred in the idea of getting everything he wishes, if necessary, by force. At that time he was building up from his experiences ways of getting along in later life and of achieving what he termed 'success'. His interest in this kind of reaction kept his temper tantrums in his memory. It was then that his pattern of response was formed.

The last point I wish to bring out is the fact that dreams change in character with the change of personality. This may be observed during psychotherapy.

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The following example concerns a thirty-five-year-old botanist who had started an abnormal sexual career at six years of age by attacking a little girl. This was his first and, for a long time, his last approach to the opposite sex. He had a very domineering mother, a frequent finding in the family of homosexuals. To make him realize the shame of his conduct his mother used every possible means to humiliate him, including making him wear a large placard on his back which told what a naughty boy he had been. He was forced to carry this about for several days. From that time on he transferred his interest from women exclusively to men. This condition lasted without any change. At thirty-four he finally made several attempts to get help through different types of psychotherapy, at first without success.

On the day of our first meeting he related the following dream: *Am sitting with another man in the back seat of a car driven by a friend. A man walking across the street is hit by our right fender and spins around without falling. The driver watching him asks: 'I wonder whether we ought to stop? He does not seem badly hurt.' Then as the man seems about to fall the driver says: 'Oh, there he goes; shall we pick him up?' I say: 'Of course, you should stop and pick him up.' As soon as I say this, we are hit broadside by a car coming from a street on our right, and the side of our car is*



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*crushed in. We stop suddenly and very close to a taxi parked along the left curb. Our driver is badly cut and bleeding and should be taken immediately to a hospital. He is seated half in, half out the rear door of the taxi. I see a policeman in the middle of the street who continues to direct traffic and ignores us. The taxi-driver is sitting somewhere near the front fender of the taxi reading a paper and seems in no hurry to do anything. I appeal to him and he says he cannot take us. I notice the interior of the taxi is bright new leather and I suppose he doesn't want blood all over it, but he says that is not the reason. I am still supporting the injured man, desperately anxious for something to turn up, perhaps an ambulance, and I am not enjoying the blood over everything. I say to my friend: 'How are you! Are you feeling better?' He replies: 'I am feeling like Hell.'*

Whatever all the different persons and events may mean, the one outstanding factor in this dream is that only men appear but no women. All his interests and problems are centred about men. On the other hand, the marked uneasiness and anxiety shown represent attempts to find some way out of his dilemma.

Four days later he dreamed the following: *Living in a huge, tall square house with very large rooms, with my family. Upstairs on the top floor there is another family consisting of an older person and a young woman, tall and beautiful, but who is queer. She disappears. In one of the nearby houses is a surly maid.*

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*I find myself back in our house. In the room is an elderly lady of nobility, who is rather insane, always talking about fires. There is a large painting standing in the middle of the room. I sit down on a comfortable divan with an elderly gentleman, who complains that he cannot smoke any more on account of his wife's fear of fire. I sympathize with him. While talking I put my hand into the crack in the back of the sofa and find a small tube about the shape of a lipstick container, only larger, which I give to the man. Searching around I find other objects which I also give him.*

*Am going upstairs past a large gloomy closet in which the first tall young woman may be hiding. Beyond this is my mother's room and protection. I go on upstairs in this dark and lonely house to the top floor where I have my room. Her room is also on this same floor though. She has disappeared. A male friend is now with me, and I am afraid and ask him to sleep with me.*

This was the first time the patient could remember having dreamed about women. But the women in his dream were anything but attractive. The first is described as queer, the next surly, and the third, elderly and insane, spoils her husband's life by preventing him from smoking. Our patient was an ardent smoker and therefore particularly sympathetic with the man. From all the horrors he tries to escape by resorting to his usual habit of seeking the protection of his mother. Finally another attempt to get out of his

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dilemma is shown by his returning to a male friend.

Another dream occurred the same night: *Find myself lying on a bed. A beautiful but hard-boiled young girl goes by and then comes back close to my bed. I have been watching her with half-closed eyes, feigning sleep. She stops and says some nice things about me and walks back to where she came from. I start talking to my friends in the corner where the table was, open my eyes, and find about four or five other men who agree with me that the girl is fickle and dangerous.*

From these dreams there can be no doubt that this man was afraid of women, who, to his thinking, possessed all kinds of dangerous qualities. This was the conclusion he had reached from his experience with a girl when he was six years of age.

A few weeks later the patient found himself definitely interested in a girl whom he had known for many years without her having made any impression upon him before. He felt that she might like to marry him and in reaction to this at first was much frightened.

The following dream occurred at that time: *Am dressing for my wedding and find I have only one white tie. I am pulling at this and it falls apart. After the wedding someone commiserates with me on not having been able to do better. I try to defend my bride and find I cannot honestly say anything in favour of her.*

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We see him piling up reasons which may prevent him from marriage, but he is certainly progressing in a favourable direction.

Two months after the first dream he recalled the following one: *A group of people, men and women, in evening clothes, out in the open. They are saying good night. A beautiful young woman says she is walking home alone. A group of two or three are close together making queer noises, and I realize they are vampires. Most of us go into a house and sit down and talk. After a while I sense the situation and ask: 'Isn't one of you the husband of this young woman who walked off? Don't you realize that these others are vampires who probably are after her?' I start to organize a rescue party with flashlights.*

This last dream shows him for the first time on the verge of changing his attitude towards women. He behaves in a manly fashion as protector of a beautiful young woman, substituting for her husband. He married one month after this last dream. Previously his marriage had seemed inconceivable to him and to all his acquaintances. Information obtained later revealed no recurrence of his former difficulties. His marriage is satisfactory and he has two children.

## VIII

### Some Practical Aspects of Child Guidance and Psychotherapy

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It is only natural that individual psychology has greatly influenced the psychological approach to problems of child guidance. In the last few years child guidance clinics have become a very important institution in America. Problems which were much debated or even neglected some years ago are now taken for granted. To-day no one undertakes child guidance in America without first making detailed investigation of the family situation, recognizing increasingly the extent of parental influence upon the development of a child's character. The result is that more effective measures can be taken to increase or decrease certain family traits.

<sup>1</sup> The co-operation of the parents must always be obtained in the treatment of a child. It is hardly

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ever possible to succeed if they are staunch in their opposition. Parents who bring their child to child guidance clinics on their own initiative are usually much easier to work with than those who are contacted subsequently in their homes. As a rule parents try to do their best in educating their children. Therefore blaming them for their children's mistakes is scarcely ever justified. With difficult children, they often have tried all the different forms of treatment known to them, from being very severe to being very lenient. Efforts must be made by educators in such cases to induce the parents to stick to one method in order to give the child time and opportunity to form a new pattern! Changing from one method of treatment to another is, as a rule, the result of despair of being able to improve the youngster's conduct. Even educators sometimes express hopelessness to parents by such statements as, 'The damage has already been done.' They do not realize that the damage always has been done if a child is giving his parents trouble. But there is no psychogenic trouble in a child that cannot eventually be corrected. One is often surprised how quickly a child improves when parents gain new hope. This can be achieved, for instance, by assuring them that their child is very promising, even if he is a rascal at the time. This is not lying, because every child, unless feeble-minded, is promising. Whenever

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parents develop this changed attitude they are likely to change the treatment of their child completely.

The mere fact that a child's problems are discussed with him by strangers and oftentimes in the presence of one or more persons, may exert a favourable influence. When one's point of view is broadened, solutions may be found which are more compatible with the laws of human relations. This is the case with children when they find their problems discussed objectively in a new atmosphere and from an impersonal point of view.

One can sometimes set up insurmountable barriers by a wrong approach at the first meeting with a child; for example, when the chief complaint for which he has been brought to the doctor is repeated over and over again to him. It is of no avail to blame the child for being lazy at school, lazy at home, and lazy at his work, since he knows it already very much better than does the doctor. Still he does not know how to remedy the difficulty. Experience has shown that in such a situation the child often gets the impression that the doctor is as helpless as he, and this is not a start calculated to lead to improvement. There are always some good qualities to be found even in a very difficult child. These are the points with which to begin. If the child is good in drawing, then he should be asked to bring some

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of his drawings the next time. Often he will bring heaps of them, showing that he is willing to co-operate when he feels that he will be appreciated. This relation gives a starting point from which to proceed. It encourages him to act similarly in other fields of endeavour and shows him how to be successful in a socially productive way.

Frequently a child does not talk at the first interview, and if this occurs no attempts should be made to force him to since that will increase his resistance. One can be sure that he will begin to talk as soon as his interest is aroused. Surprising questions asked a child who persistently stares away from the examiner and does not talk—a sudden question, for instance, at the beginning, as ‘How old do you think I am?’—are often of definite value. They will show the child that one is uninterested in being party to a fight and also will arouse the child’s interest in the examiner.

There is often doubt as to how far one should proceed in explaining a psychological situation to the child. To him as to an adult, one can explain as much as he is able to comprehend. How much this is can be determined by observing the patient’s reaction to what is said. If, for example, a child begins to yawn while one is discussing his situation with him, this is a definite sign that one is on the wrong foot and it is time to change one’s tactics. As a rule the more training a psycho-



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therapist has, the more quickly he is able to find the right kind of approach, which varies in each individual case.

For persons who have not had very extensive training it often proves useful to work with the help of a questionnaire which will prevent the omission of certain important inquiries. Any questionnaire, however, should be used only as a guide, and it alone does not enable one to get at the root of the person's difficulties. At the end of this chapter a questionnaire is added, which has proved to be helpful.

Psychotherapy includes any type of effort directed towards curing psychogenic troubles. One can differentiate two main psychotherapeutic trends. One attempts to treat the symptom, and the other strives to change the whole personality. To the first belong hypnotism and other kinds of suggestive measures.

The question always asked by laymen is whether or not a person can be hypnotized against his will. There is no doubt that this cannot be done. Hypnosis is based upon the patient's intention of giving up his will power and making the hypnotist absolute ruler over him. Without this the hypnotic state can never be achieved. The hypnotist puts the patient in a seemingly sleeping state and then gives him suggestions, telling him how he must feel and behave during and after

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coming out of hypnosis. It is conceivable that if one can suggest to a patient to fall asleep one can also suggest to him to feel free of his symptoms afterwards. One of the many disadvantages of this procedure is that one may expect a recurrence of the symptoms after a few hours or days. This is due to the fact that the psychological structure of the personality has not been fundamentally changed by the hypnosis. The patient only has made someone else responsible for taking care of all his troubles. It is natural that he soon will experience again the same need to lean upon someone for support. Therefore he may come again and again for years and always feel a temporary relief after hypnosis. Such patients become more and more experienced in undergoing hypnosis and finally almost any kind of procedure adopted by the hypnotist is successful in bringing about this state. One doctor is known to have had a patient who demanded hypnosis every night to combat her sleeplessness, and he finally hypnotized her each evening by telephone.

It is interesting to investigate the type of persons who can be hypnotized. Hypnosis is used more frequently as a therapeutic agent in European countries than in America. One of the chief reasons is that Americans can be hypnotized only rarely. This is apparently the result of national differences. Americans are educated to regard

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highly liberty and independence. Therefore, they have rather a tendency to wonder what is the matter with the hypnotist who tells them to fall asleep and to comply with his different commands. Europeans are more accustomed to subordination and are therefore much more open to hypnotism and prone to give up their own personality for a time. Similarly it is known that the 'grande hystérie', which means hysteria with pronounced symptoms, as tremors, attacks of crying, and wild convulsions, is much more frequent among primitive people and scarcely ever seen at present in America, where this kind of behaviour would be more annoying than impressive. Gravely hysterical patients are most open to hypnosis.

Suggestion is exerting its influence in the cures performed in holy places as in Lourdes. It acts upon certain persons in a manner similar to hypnosis. Again the neurotic symptom can be influenced or temporarily cured only in those who believe in the power of such places.

Some persons enjoy great popularity and are particularly capable of talking convincingly to a crowd, suggesting to certain types of people that they will be cured or already are. This mechanism can be seen in most forms of group psychotherapy. But it should not be forgotten that some, when made to believe that everything will be all

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right, actually perform their work much more satisfactorily than formerly and may be able themselves to work out a permanent improvement. This is particularly true of those who have not been seriously afflicted.

Religious activities are of growing importance in the field of psychotherapy. There is an increasing number of clergymen with excellent knowledge of this subject. Any kind of psychotherapy is limited to certain types of persons and religious psychotherapy is likewise limited. It certainly cannot be applied to persons who deny religion or to those unfamiliar with its language and customs. There are, on the other hand, many for whom a clergyman's way of approaching problems is most suitable and appropriate. Co-operation with a physician is a necessary adjunct whenever a non-medical man undertakes to deal with neurotics.

Psychotherapeutic schools that aim to change the whole personality are represented largely by Freud's psycho-analysis, Adler's individual psychology, and Jung's analytical psychology. This is not the place to discuss in detail the elaborate system of psycho-analytical psychotherapy. This is taken up in psycho-analytical literature. It is well known that many are in favour of it and many in strong opposition to it. The difficulty in judging the value of the dif-

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ferent types of psychotherapy is increased by the uncertainty as to what really has effected a cure or a failure. It is questionable whether or not we are always able to recognize among all the presenting factors the ones which are responsible for a change of personality.

Different steps must be differentiated in the various phases of psychotherapy of individual psychology. The trained psychotherapist as a rule is able to understand the cause and meaning of the patient's troubles rather early in the course of treatment. Beginners often overlook the fact that their understanding of the patient's problems does not mean that the patient is so far advanced as to be able to understand them. Telling him in the beginning of treatment that he has a lack of social feeling, an inferiority complex, no courage, etc., would not do anything but harm to him even though it were all true. The patient must determine these facts for himself, if they are present. The question is rather one of how to reach this understanding. Imposing one's own opinion upon the patient too soon may cause an increased tendency on his part to believe that the doctor is wrong. Neurotics do not like to admit that another person is right. Some patients, however, are eager to agree with everything the doctor says without understanding it. At the same time, they feel that they have done enough in

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accepting the doctor's opinion and will not co-operate by making further effort.

Everything a patient offers can be used in the attempt to make him understand the cause and meaning of his difficulties. He may choose to sit in a little chair in the corner, declaring himself by this gesture to be a poor sinner who doesn't deserve a comfortable chair. From this it can be explained to him how frequently persons affect humility instead of *doing* better, and thus excuse themselves from greater responsibilities. Many persons go around actually expecting themselves to be mean and low, knowing beforehand they will have a strong 'feeling of guilt' as a result of their actions on different occasions. Instead of doing differently the next time, they follow the same pattern over and over again.

How a person sleeps sometimes reveals character traits which can be explained to him. Persons who have a strong desire to isolate themselves sometimes wrap themselves up in the bed clothes so that they scarcely can be found.. Alfred Adler described a patient, an admirer of Napoleon, who slept in the typical Napoleonic posture. What he admired in Napoleon was the power to dominate others.

As mentioned before, the giving of medicine, particularly narcotics and sedatives, during psychotherapeutic treatment, may be actually

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harmful. The patient has, as a rule, the idea that he cannot recover by his own effort, and he is very glad to think he can be cured by medicine. This treatment will not change him but rather will make him follow his previous style of life. It goes without saying that physical ailments must be treated in the accepted medical fashion and are often more advantageously handled by another physician. But this latter question must be decided individually in each case. Particularly in neurotic sleeplessness one often is tempted to bring about supposedly quicker cure by administering hypnotics. As a rule this forms a vicious circle, and the patient finally can neither sleep with hypnotics nor without them. Often these persons use their sleeplessness as a weapon effectively proving to themselves that they are unable to work on the following day. This sometimes can be made more clear to the patient by suggesting that he think carefully during sleepless hours what he would like to discuss the following day with the physician. Such a suggestion sometimes brings about a change. The patient may claim on the subsequent day to be very sorry that he was unable to prepare anything during the night because he slept soundly. Such phenomena are the result of his constant striving to create difficulties which militate against improvement. When these are explained to him

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he may be able to comprehend many symptoms which have been puzzling him for a long time.

One must always realize that the patient has to learn from his relations with the psychotherapist all that he should have learned in his previous human relations. The psychotherapist-patient relation must prepare him for satisfactory adaptations in later life. From this point of view it is understandable that individual psychology refrains from building up a closer relation between doctor and patient than would be acceptable in ordinary life. This is different from the psycho-analytical aim. In psycho-analysis, during treatment, a strong transference must be built up between the doctor and the patient, which later has to be broken down and the patient's interest diverted into other channels which meet the demands of reality.

Another handicap in progress is the patient's tendency to talk constantly about trivial matters with the evident intention of avoiding touching upon his real difficulties. This entails a waste of time, and if it is possible to shorten this period it seems desirable.

Failures occur frequently when the psychotherapist shows himself to be vitally interested in bringing about a success. Some psychotherapists go so far as to tell patients that it is their greatest desire to cure them. Neurotics are not eager to



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please others. Such an attitude tends rather to provoke a tendency to prove to the physician that he is unable to help. In such a situation patients may resort to their usual tendency of exploiting others and attempt to make a slave of the doctor. They will put more and more of their burdens and responsibilities upon him since he has declared the cure to be his greatest desire.

One must refrain from attacking a patient's neurotic symptom directly. It is a common experience that if one advises an agoraphobic to try hard to cross a street alone to-day, he will relate at the next meeting that although he tried very hard he did not succeed. This will serve as a new weapon against the psychotherapist who has given him advice impossible to carry out. It is not the task of the doctor to do the patient's thinking, but rather to enable the patient to find his own way. The more clearly the patient realizes this the better it is for him. Some time ago I was consulted by a young physician. He was a menace to his family, to his friends, and in particular to two very nice girls and their families. For months he had been discussing and debating with these people the problem of whether or not he should marry the first girl, with whom he had been going for many years and to whom he was very much attached, or the second girl, whom he had known for only a few months and who he thought under-

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stood him better. There was great commotion among all those concerned. This doctor was an only child and was much spoiled by his parents. Finally it was decided that he should undergo psychotherapy. At our first meeting he wanted me to decide whether he should marry the first or the second girl. Had I decided, it would have meant a continuation of the former situation. If I had decided in favour of the first one he undoubtedly would have stressed all the superior qualities of the second and vice versa. One has to realize in such a situation that the problem which the patient puts in the foreground is not the basic one. He apparently was not prepared to take responsibility and the consequences of such a decision. He therefore made the whole matter a question of which would be the better bargain for him, a matter which could not be decided in this way since both were desirable girls. Although I realized he was much more attached to the first girl because otherwise he would have left her long before, my only suggestion to his question was that he should decide by flipping a coin. Realizing my advice was given in jest, of course, he did not follow it. As could be foreseen, he was able to decide the issue after a favourable change in his whole personality had taken place, and he married the first girl.

If is often asked whether or not patients should

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read books about mental illness during psychotherapy. There is no doubt that any broadening of one's knowledge may be beneficial. But if a patient is still convinced that he cannot be helped or cured, he will read in the books that his type of neurosis cannot be cured. He will see himself in all the descriptions of the symptoms he reads about and will misuse this newly acquired knowledge to build up new symptoms. If he is far enough advanced to use what he reads to advantage, there is no objection to his reading books on psychology. But he must be guided while reading, and erroneous interpretations explained to him.

Finally, mention should be made of certain difficulties arising in the treatment of patients in a psychiatric ward or sanatorium. If the psychotherapist lives in the same building, the patient will usually try to dominate him in the same way as he is accustomed to dominate others. He will attempt to keep the doctor when he is making rounds and to take all his time. Careful arrangements must be made to avoid such a situation. It is easier if the psychotherapist can have certain fixed hours when he will be at the hospital to see patients and not be available at any other time.

The last phase of psychotherapy consists in training the patient to use his newly acquired knowledge in adequately understanding his neu-

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rosis. By this time he is supposed to have changed his attitude towards society, profession, and the other sex. In his new activities he may at first make mistakes and experience relapses. It is now the duty of the psychotherapist as an impartial bystander to train and guide him in his progress.

When is psychotherapy indicated? Nowadays some persons have acquired a habit of suggesting it for any sort of mental upset. Such enthusiasts for psychotherapy are likely to become unpopular. Everyone goes through grief and disappointments which naturally may disturb one's whole personality for a time, but they do not permanently interfere with one's normal activities. Healthy people can be expected to recover by themselves from the most tragic mental shocks. Otherwise there would be nothing on earth but nervous wrecks. Psychotherapy is indicated when the patient is unable to help himself. Such persons will not show any improvement as time goes on but rather develop more and more neurotic symptoms. It is indicated in the case of persons who are drifting further and further from a correct approach to a satisfactory solution of the main problems of life, and who are becoming a burden to mankind and to themselves.

## ALFRED ADLER'S QUESTIONNAIRE

### FOR THE UNDERSTANDING AND TREATMENT OF PROBLEM-CHILDREN

1. Since when has there been cause for complaint? In what sort of situation (psychic or otherwise) did the child find himself when his failings were first noticed?

2. Were any peculiarities noticed at an earlier age in regard to mental or physical weakness, timidity, carelessness, reserve, clumsiness, envy, jealousy, dependence on others when eating, dressing, washing or going to bed? Was the child afraid of being alone or of darkness? Does he understand his sexual role? Any primary, secondary, or tertiary sexual characteristics? How does he regard the opposite sex? How far has he been enlightened on his sexual role? Is he a stepchild? Illegitimate? A foster child? Orphan? How did his foster parents treat him? Is there still a contact? Did he learn to speak and walk at the right time? Without difficulty? Was the teething nor-

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mal? Noticeable difficulties in learning to read, draw, sing, swim? Is he particularly attached to either his father, his mother, his grandparents, or his nurse?

3. Does the child give much trouble? What and whom does he fear most? Does he cry out at night? Does he suffer from enuresis? Is he domineering towards weaker children or towards stronger children as well? Did he show a strong desire to sleep in his parents' bed? Was he clumsy? Did he suffer from rickets? What about his intelligence? Was he much teased and derided? Does he show vanity in regard to his hair, clothes, shoes, etc.? Does he indulge in nail-biting or nose-picking? Is he greedy when eating?

4. Does he make friends easily? Does he show tolerance towards persons and animals, or does he molest and torment them? Is he fond of collecting or hoarding? What about avarice and covetousness? Does he lead others? Is he inclined to isolate himself?

5. With reference to all the above questions, what is the present position of the child? How does he conduct himself in school? Does he like school? Is he punctual? Is he excited about exercises and before examinations? Does he forget to do his school work, or does he refuse to do it? Does he waste his time? Is he lazy? Is there a lack of concentration? Does he disturb the class?

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How does he regard the teacher? Is he critical, arrogant, indifferent towards the teacher? Does he ask others to help him with his lessons or does he wait until he is invited? Is he ambitious in regard to gymnastics and sport? Does he consider himself comparatively untalented or entirely so? Is he a great reader? What sort of literature does he prefer?

6. Correct information about home circumstances, illness in the family, alcoholism, criminal tendencies, neurosis, debility, *lues*, epilepsy, the standard of living. Any deaths in the family, and how old was the child when they occurred? Is he an orphan? Who is the dominating spirit of the family? Is the home education strict, with much grumbling and fault-finding, or is it indulgent? Are the home influences such as to make the child afraid of life? What about supervision?

7. What is the child's position in regard to his place in the family constellation? Is he the oldest, the youngest, the only child, the only boy, the only girl? Is there rivalry, much crying, malicious laughter, a strong tendency to depreciate others?

8. Has the child formed any ideas about the choice of a profession? What does he think about marriage? What profession do the other members of the family follow? What about the married life of the parents?

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9. What are his favourite games, stories, characters in history and fiction? Is he fond of spoiling other children's games? Is he imaginative? Is he a cool-headed thinker? Does he indulge in day-dreaming?

10. Earliest remembrances? Impressive or periodical dreams about flying, falling, powerlessness, late arrival at railway station, anxiety dreams?

11. In what respect is the child discouraged? Does he consider himself neglected? Does he respond readily to attention and praise? Has he superstitious ideas? Does he avoid difficulties? Does he try his hand at various things only to give them up again? Is he uncertain about his future? Does he believe in the injurious effects of heredity? Was he systematically discouraged by those around him? Is his outlook on life pessimistic?

12. Are there other tricks and bad habits, e.g., grimacing, pretending to be stupid, childish, comical?

13. Has he speech disabilities? Is he ugly? Club-footed? Knock-kneed or bow-legged? Stunted? Abnormally stout or tall? Badly proportioned? Has he constitutional abnormalities of eye or ear? Is he mentally backward? Left-handed? Does he snore at night? Is he remarkably handsome?

14. Does he often talk of his incapacity, his 'lack of talent' for school, for work, for life? Does he harbour suicidal thoughts? Is there any con-



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nection in point of time between his failures and troubles? Does he overrate apparent success? Is he servile, bigoted, rebellious?

15. Name the things in which the child is successful.

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